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(Requestor's Name)				
(Add	dress)			
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(City	y/State/Zip/Phone	#)		
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				
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JUL 9 2015

I ALBRITTON

COVER LETTER

Division of Corporations
NAME OF CORPORATION: JUST 4 U Productions, Inc
document number: $\sqrt{1500000602}$
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Felton (Name of Contact Person)
Just 4 U Productions (Firm/Company)
50 Fischer Lane
Palm Coast, FL 32/37 (City/ State and Zip Code)
Just 4 U prodinc @ gmail. com E-mail address: (to be ased for future annual report notification)
For further information concerning this matter, please call:
Anthony Felton at 386-569-6485 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

•	Auticles of Amendment
	Articles of Amendment to
	Articles of Incorporation
Just 4 U Produ	of UCtions, Inc. s currently filed with the Florida Dept. of State)
1/150000000000	a
<u> </u>	ont Number of Corporation (if known)
nant to the provisions of section 617.1006, Florid dment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts the follow
f amending name, enter the new name of the c	corporation:
	$\overline{\hspace{1cm}}$
	corporation" or "incorporated" or the abbreviation "Corp." or "Inc
pany" or "Co." may not be used in the name.	1.0
ter new principal office address, if applicablipal office address <u>MUST BE A STREET AD</u>	
ter new mailing address, if applicable: ailing address <u>MAY BE A POST OFFICE BO</u>	<u>ox</u>)////
amending the registered agent and/or registe w registered agent and/or the new registered	ered office address in Florida, enter the name of the
Name of New Registered Agent:	N/H
New Registered Office Address:	(Florida street address)
	, Florida
	(City), Florida (Zip Code)
•••	(2.p coup)
Registered Agent's Signature, if changing Re	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	<u>Addres</u> s
1) Change	<i>\\\\\\\</i>	
Add		
Remove	,	
2) Change	NA	
Add	,	
Remove	x / / A	
3) Change	<u> </u>	
Add	,	
Remove	/	
4)Change	- A/A	
Add	,	
Remove	1 / /	
5) Change	/\///	
Add		
Remove		
6) Change	<i>\lambda/H</i>	
Add		
Remove	D 4.4	

E.	If amending or adding additional Articles, enter change(s) here:
	(attach additional sheets, if necessary). (Be specific)
$\lambda \kappa \theta^0$	
0.1	The organization is organized exclusively
	The organization is organized exclusively for charitable and educational purposes.
	Our intent is to utilize live theater as an
	effective mentoring tool to educate the
	adolescent in our communities as it relates
	to exhibiting healthier social behaviors.
	Utilizing live Stage re-enactments, We Will
	address timely and relevant issues confronting
	the above-targeted population.
	These exclusive purposes are meant to
	Satisfy the requirements for exemption as stated
_	under section 50/(c) (3) of the Internal Revenue
_	Code, or corresponding Section of any future
_	federal tax code.
_	
_	
_	•

The date of each amendment(s) ad	option: <u>Same</u>	, if other than the
date this document was signed. Effective date if applicable:	6/16/2015 (no more than 90 days after amendment file a	late)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requ	,
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adwas/were sufficient for approva	lopted by the members and the number of votes cast	for the amendment(s)
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amerors.	ndment(s) was/were
Dated 6	116/2015	
Signature	thony Fellon	
have not bee	man or vice chairman of the board, president or other on selected, by an incorporator — if in the hands of a appointed fiduciary by that fiduciary)	
	tnthony Fe/ton (Typed or printed name of person sig	ning)
Pa	esident	
	(Title of person signing)	