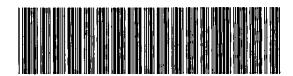
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OCT 2 2015

COVER LETTER

TO: Amendment Section

Division of Corporations Valerie Theatre Cultural Center, Inc. NAME OF CORPORATION: N15000005580 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dr Frederick J Herzog (Name of Contact Person) Dr Frederick J Herzog PhD LLC (Firm/ Company) 1201 West Beagle Run Loop (Address) Hernando, FL 34442 (City/ State and Zip Code) fherzog@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frederick J Herzog 847-899-9000 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of



Valerie Theatre Cultural Center, Inc.		15 SEP 29 AM IO: 21
(Name of Corporation as cu	rrently filed with the Flor	
N15000005580		
(Document N	umber of Corporation (if kr	lown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent: N/A		
	(Fle	orida street address)
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registed hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and accept	the obligations of the position.
	Signature of New Regist	ered Agent if changing

i 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	PT John Do V Mike Jo		
X Remove	<u>V</u> <u>Mike Jo</u>	ones	
X Add	SV Sally Si	<u>mith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	N/A		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			***************************************
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change	l N/A		
Add	_ 		
Remove		Page 2 of 4	

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	By Law Revisions
	Revision 1.
	Purpose-page 1
	Article 1 para 4. Said organization is organized exclusively for
	charitable, religious, educational, and scientific purposes,
	including, for such purposes, the making of distribution to
	organizations that qualify as exempt organizations described
	under Section 501(c) (3) of the Internal Revenue Code, or
	corresponding section of any future federal tax code.
	Revision 2.
	Dissolution-page 5
	Article X para 1.
	Upon the dissolution of the organization, assets shall be
	distributed for one or more exempt purposes within the meaning
	of Section 501(c)(3) of the Internal Revenue Code, or
	corresponding section of any future federal tax code, or shall be
	distributed to the federal government, or to a state or local
	government, for a public purpose. Any such assets not disposed
	of shall be disposed of by a court of competent jurisdiction in the
	county in which the principal office of the organization is then
	located, exclusively for such purposes or to such organization or
(organizations, as said Court shall determine, which are organized
	and operated exclusively for such purposes.

	9-21-15	
The date of each amend		, if other than the
date this document was sig	gned.	FRED
Effective date if applical	, 9-21-15 DIVISC의 (iant of sections
	(no more than 90 days after amondment file date)	29 AM 10: 26
	in this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	l not be listed as the
Adoption of Amendment	t(s) (CHECK ONE)	
The amendment(s) was/were sufficient f	ras/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
9. Dated Signature	Thelend Horos PhD	
(B	y the chairman or vice enairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
	Dr Frederick J Herzog, PhD	
	(Typed or printed name of person signing)	
	Registered Agent/Compliance Manager	
	(Title of person signing)	