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SECRETARY OF STATE

Amend cus

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Southern Coast Film Productions Corp.
DOCUMENT NUMBER: <u>N150000</u> 6589
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rosa E Infante (Name of Contact Person)
Southern Coast Film Productions Corp . (Firm/Company)
10429 Harbor Bluff Way (Address)
Tampa, FL 33615 (City/ State and Zip Code)
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rasa E InFante at (727) 804-948 (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 & Certificate of Status (Additional copy is enclosed) \$\$\$43.75 Filing Fee & Certificate of Status (Certified Copy (Additional Copy is Enclosed))

Mailing Address

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 to Articles of Incorporation of

Southern Coast Film Productions Corp
(Name of Corporation as currently filed with the Florida Dent. of State)

(Name of Corporation as curre			
	0006589	<u> </u>	
	ber of Corporation (
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not</i>	t For Profit Corporation adopts th	ne following
A. If amending name, enter the new name of the corpora	<u>tion:</u>		
	•		The new
name must be distinguishable and contain the word "corpord" (Company" or "Co." may not be used in the name.	ation" or "incorpor	ated" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>			
			25
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRET	F I
		SSE	5 P
		- 41	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		ida, enter the name of the	52
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
		Florida	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fo		cept the obligations of the position	
	01 01		
. · · · · · · · · · · · · · · · · · · ·	Nanature of New Re	egistered Agent if changing	

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		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>5D</u>	Fresia L Valdivia	3600 S Oregan st #9 Scattle, WA 98118
2) Change Add Remove	ID_	Jose C Oblitas	3600 S Oregon St #9 Seattle, WA 98118
3) Change Add Remove	D	Andres Delzo	10429 Harbor Bluff Way, Tampa, FL 33615
4) Change Add Remove	D_	Julio Aliaga	14600 Farnham Lane Laurel, MD 20707
5) Change Add Remove	D_	Gina Altaga	14600 Farnham Lane Laurel, MD 20707
6) Change Add	_5_	Angel Rosario	920 Royle Road Lote 2 Ladson SC 29456.
Remove		Page 2 of 4	

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.

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Remove	Example: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith		
Remove		<u>Title</u> <u>Name</u>		Address
Add	_X Add		Ponciano	1205 Clarence street Halton City, TX 76117
3) Change	Add			
	3) Change			
Remove	Add		·	
5) Change	Add	· .		
Remove	6) Change		· .	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The purpose of our corporation is to promote and
produce nonprofit motion pictures, whether it's
documentaries or fiction rilms. The production content
will reflect various themes, situations and conflicts
that human beings can experience. Furthermore our
achievement is to address different emotional expressions
and cultural surroundings that collide in diverse
communities within the United States or in Communities abroad.
The film productions will be crafted with an elegant
touch of concernatography and a strong production of
music arrangement and sound. This will be fundamental
to complete the final vision or what the corporation
wants to express, share and inform to the given
audience within the guidelines or delivering quality
entertainment, creativity and culture.
Our corporation will distribute its films free of
cost, across different platforms, such as online
Video-sharing websites, as well as in film
restivals, DVD, Blu-ray and some free exhibitions
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	e date of each amendment(s) adoption: 10/08/2015 e this document was signed.	_, if other than the
Eff	fective date if applicable: 10/08/2015	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
X	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 10/08/2015	
	Signature Rue 2. Infute	_
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Posa E InFarte (Typed or printed name of person signing)	
	President.	
	(Title of person signing)	