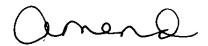
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A Pan Sala

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION		I WEB SERIES F	ESTI	VAL, INC.		
DOCUMENT NUMBER:	N15000008796					
The enclosed Articles of Am						
Please return all corresponde	ence concerning this matter	to the following:				
		BRYAN THOME	SOM			
	()	Name of Contact	Persor	1)		
	MIAMI	WEB SERIES FE	STIV	AL, INC.		
		(Firm/ Compar	ny)	•		
	210	I S. OCEAN DRI	VE#	2805		
		(Address)				
	Н	OLLYWOOD, F	L 330	19		
	(0	City/ State and Zip	Cod	e)		
	b	ryan@miamiwebl	est.co	οṁ		
E	-mail address: (to be used f	or future annual re	eport	notification	)	
For further information conc	erning this matter, please ca	all:				
	BRYAN THOMPSOM	,	nt	757	713-0627	
	(Name of Contact Person)			rea Code)	(Daytime Telepho	one Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Depa	artment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	1\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	O Filing Fee cate of Status ed Copy cional Copy sed)	
Mailing Address		S	treet	Address		

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

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

## Articles of Amendment to Articles of Incorporation



	01	E Charle Freder Hand
MIA	AMI WEB SERIES FESTIVAL,	INC. 16 MIR _ 1 PM 1: 59
(Name of Corporation	as currently filed with the Flo	
	N15000008796	SECRETARY OF STATE
(Docun	nent Number of Corporation (if	
dursuant to the provisions of section 617.1006, Flor mendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	<b></b>
ame must be distinguishable and contain the wora	L'acamougliou" or "incompagate	The nev
Company" or "Co." may not be used in the name		a or the abbreviation Corp. or the.
3. Enter new principal office address, if applica	- N/A	
Principal office address <u>MUST BE A STREET A</u>	DDRESS )	
·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) N/A	
·		
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>		, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	N/A	·
		Florida street address)
New Registered Office Address;		
	N/A	Florida
•	(City)	, Florida (Zip Code)
	()/	(
New Registered Agent's Signature, if changing F		
hereby accept the appointment as registered agen	t. I am familiar with and accep	ot the obligations of the position.

Signature of New Registered 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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			·•
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
ARTICLE III SHOULD READ AS FOLLOWS:
PROVIDE EDUCATIONAL AND DEVELOPMENTAL OPPORTUNITIES TO CHILDREN WITH INTEREST IN
FILMMAKING AND PROVIDE EXPOSURE TO INDEPENDENT FILMAKERS WHILE OFFERING FLORIDA
SPECTATORS AN OPPORTUNITY TO DISCOVER EMERGING TALENT.
UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE
EXEMPT PURPORSES 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 STATE OR LOCAL GOVERNMENT, FOR PUBLIC PURPOSE.
•
•

	date of each amendment		, if other than the
	this document was sighed.  ective date if applicable:	02/11/2016	
	<del></del>	(no more than 90 days after amendment file date)	
		is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	not be listed as the
Ada	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
	02/16/ Dated	2016	
	Signature	Belle	
	have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
		BRYAN THOMPSOM	
		(Typed or printed name of person signing)	
		CEO	
		(Title of person signing)	`