## 111500011290

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





600282621316

03/01/16--01024--018 \*\*35.00

16 MAR - I PM 6: 30
SECRETARY OF STATE
TALL AHASSET FLORIBA

HAR O 4 2016 R. WHITE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Or lando Tickets Organization Co N150000 11290 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mark D. Adamczyka
(Name of Contact Person) (Firm/ Company) 5475 Vincland Rd #8214
(Address) Orlando, FL 3281/
(City/ State and Zip Code) Into C OKLANDO TICKETS. ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Alam cryk

(Name of Contact Person)

at (45) 777-8777

(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigsup \$43.75 Filing Fee & \$\Bigsup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

FILED

## **Articles of Amendment**

Av	to ticles of Incorporation	16 MAR - 1 PM 6: 3
AI.	of	SFORFILMAN
Drland	· Tickets	Drganization (GEURI
(Name of Corporation as cu	rrently filed with the Flo	orida Dept. of State)
N1500	0011290	
(Document N	Number of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	orat <u>ion:</u>	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	4630	S Kirkman Kd
(Principal office address MUST BE A STREET ADDR.	ESS) #70	06
	brian	S Kirkman Kd 6 do, FL 32811
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		a, enter the name of the
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It		ot the obligations of the position.
	Signature of New Reg.	istered 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 J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> 1</u>	James D Adamczyk	- 5475 Vindand Rd
Add Remove		James D Adamczyk  Mark D Adamczyk	Orlands, Fr 3284
2) $\frac{\lambda}{\lambda}$ Change	<u>P</u> _	Mark D Alamczyk	46305. KIKMAN K
Add			Drlando, # 328/1
3 ) Change			
Add			
4)Change	<del></del>		
Add			
5)Change			
Add			
6) Change			
Add			
Remove			

f amending or adding attach additional sheet.	s, if necessary). (	Be specific)			
			 ·		<del></del>
			 	<u>-</u>	
	<u> </u>		 		<del></del>
		·	 		
			 		<del></del>
			 		<del></del>
	<u></u>		 		
			 <u>-</u>		
			 	<u> </u>	
	<u></u>		 		
			 , <del></del>		
			 	<u>-</u>	
	<u>.</u>		 <u>-</u>	, <del></del> .	
			 ···		
			 ·		- <del></del>

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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 2/29/16	
Signature Mach	<u></u>
(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)	
Mark D Adamczyk	
(Typed or printed name of person signing)  President	
(Title of person signing)	