

N20 0000 12300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

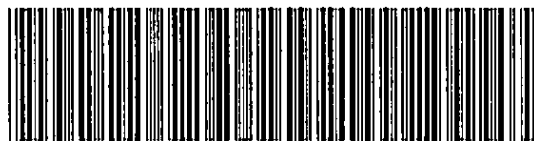
(Business Entity Name)

(Document Number)

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09/27/21--01011--023 **25.00

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2022 FEB 23 PM 2:47
SEC. OF STATE
TALLAHASSEE, FL

FILED

RECEIVED C. BRUMBLEY

2022 FEB 23 PM 1:19 MAR - 8 2022

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

GLOBAL FILMMAKERS ASSOCIATION INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000012300

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

2236 SE 2ND ST
HOMESTEAD, FL 33033

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

P O BOX 900293
HOMESTEAD, FL 33090

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2022 FEB 23 PM 2:47
STATE OF FLORIDA
DEPT. OF STATE

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JOSELIE FRANCOIS SAINT HILAIRE
2236 SE 2ND ST
(Florida street address)

New Registered Office Address: HOMESTEAD, Florida 33033
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>JOSELIE F SAINT HILAIRE</u>	<u>2236 SE 2ND ST</u> <u>HOMESTEAD, FL 33033</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>SHATZKIN ROBIN</u>	<u>3510 HOWARD BLVD</u> <u>BALDWIN, NY 11510</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>CMO</u>	<u>CAMPBELL SHAMON</u>	<u>21131 NW 31ST AVE</u> <u>MIAMI GARDEN, FL 33056</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>PM</u>	<u>NUNNALLY TONJA</u>	<u>21120 NW 28TH ST</u> <u>MIAMI GARDEN, FL 33056</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>MM</u>	<u>RENE LEONARD</u>	<u>4025 AUSTIN BLVD</u> <u>ISLAND PARK, NY 11558</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>MN</u>	<u>HALL EISENBERG</u>	<u>45 WORKTH AVE</u> <u>HUDSON, NY 12534</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

ADD MM BUTEAU SPIEGLE

54 LAJAJETTE ST

HUNTINGTON, NY 11743

ADD MM BRIAN ACKLY

2510 JEANNE MCQUEEN PL.

JONESBORO, AR 72404

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

09/18/2021

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

SATURDAY, SEPTEMBER 18TH, 2021

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 be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____ 3 _____"
(voting group)

09/18/2021
Dated _____

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOSELIE FRANCOIS SAINT HILAIRE

(Typed or printed name of person signing)

PRESIDEN

(Title of person signing)