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COVER LETTER ,

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	J BLESSED PROI	DUCTIONS, INC			
DOCUMENT NUMBER:	N21000003608				
The enclosed Articles of Amenda	nent and fee are sub	mitted for filing.			
Please return all correspondence	concerning this matt	er to the following	:		
		JOSE A. TAV.	AREZ		
		(Name of Contact	Person)		
	J B	LESSED PRODU	CTIONS, INC	C	
		(Firm/ Comp	апу)		
	5396	HOFFNER AVE.	SUITE B		
		(Address)		-	
	OF	RLANDO, FL 328	12		
-	_	(City/ State and Z	ip Code)		
	JBLESSE	DRADIOTV@HO	TMAIL.COM	1	
E-mai	l address: (to be used	d for future annual	report notific	ation)	
For further information concerning	ng this matter, please	e call:			13.5 13.5 12.02
JO	SE A. TAVAREZ		407	234-1726	ECREI
(Nan	ne of Contact Person	1)	(Area Co	de) (Daytime Telephone	
Enclosed is a check for the follow	ving amount made p	ayable to the Florid	ia Departmen	nt of State:	
	43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	y is C (/	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy is Enclosed)	A STATE
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FL	ection rporations			Section	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

J BLESSED PRODUCTIONS, INC.

(Name of Corporation as currently filed with the	e Florida D	ept. of State)			
(Docum	nent Numbe	r of Corporation (if	known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute:	s, this <i>Florida Not I</i>	For Profit Corp o	pration adopts the	e following
A. If amending name, enter the new name of the	e corporatio	on:			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	f "corporati e .	on" or "incorporat	ed" or the abbre	eviation "Corp."	_The new or "Inc."
		5396 HOFFNER A	AVE. SUITE B		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		ORLANDO, FL 32	2812		
	_				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	5396 HOFFNER A	VE. SUITE B		
•	-	ORLANDO, FL 32	1812		_
D. If amending the registered agent and/or regis	ato-od offic	anddone in Placid			
new registered agent and/or the new register			a, enter the har	ne or the	SECIAL TALL
Name of New Registered Agent:	JOSE A TA	AVAREZ			F
	5396 HOF	FNER AVE. SUITE	E B		
New Registered Office Address:		(Florida street addre	253)	<u> </u>
	ORLAND	o		. Florida 32812	E ST
		(City)		(Zip Code)	THE STATE OF THE S
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			pt the obligation	s of the position.	
	Sig	mature of New Regi	stered 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			31C N 31C N
Remove 5) Change Add			7 7 7
Remove 6) Change Add			PHI2: 44
E. If amending or adding (attach additional sheet)		onal Articles, enter change(s) here: essary). (Be specific)	
		ES OF DISSOLUTION: IN THE EVENT OF A DISS	
AGREE TO DISTRIBUT	TE THE (CORPORATION'S ASSETS TO OTHER NON-FOR-	PROFIT ORGANIZATION
WITHIN THE UNITED	STATES	OF AMERICA.	

ADDING ARTICLE X: CONFLIC	FOF INTEREST POLICY: WE HEREBY AGREE THAT (OFFICERS AND
MEMEBERS OF THE NON-FOR-F	ROFIT ORGANIZATION J BLESSED PRODUCTIONS, II	NC ARE ALLOW TO
ENGAGE IN BUSINESS TRANSA	CTIONS WITH J BLESSED PRODUCTIONS, INC AS LO	NG AS THE INTEREST
OF THE NON-FOR-PROFIT J BLE	SSED PRODUCTIONS, INC ARE PUT FIRST. IN ADDIT	TON FULL DISCLOSURE
OF THE FORESEEN TRANSACTI	ON IS REQUIRED, AND BOARD OF DIRECTOR'S APPR	ROVAL. MOREOVER,
THE BY LAW OF THE ORGANIZ	ATION MUST BE FOLLOWED AS WELL.	
		
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the ar	mendment(s)

•	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 7-13-2023
	Signature (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)
	JOSE A. TAVAREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

SECRLINES OF STATE