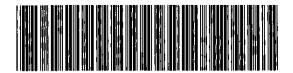
N29617

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COVER LETTER

TO: Amendment Section Division of Corporations

MARTI ARTISTIC R	REPERTORY THEA	TER INC.	
N29617			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
RAUL DE LA CAMPA			
	(Name of Contact Pe	rson)	
RAUL DE LA CAMPA, PA			
	(Firm/ Company)	
444 BRICKELL AVENUE, SUITE 51-430			
	(Address)		
MIAMI, FL 33131			
((City/ State and Zip C	Code)	
RACAMPA@BELLSOUTH.NET			
E-mail address: (to be used	for future annual rep	ort notification	n)
For further information concerning this matter, please of	pall:		
RAUL DE LA CAMPA	at	305	431-7749
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida E	Department of	State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif s Certif	0 Filing Fee feate of Status fed Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations	Λn	reet Address nendment Sect vision of Corpo	

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 of

MARTI ARTISTIC REPERTORY THEATER, II	NC.			
(Name of Corporation	as curre	ntly filed with the Florida	Dept. of State)	
N29617				
(Docur	ment Num	ber of Corporation (if know	n)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida Not For Pr</i>	ofit Corporation ac	dopts the following
A. If amending name, enter the new name of the	e corporat	tion:		م . ن
N/A				跨差
name must be distinguishable and contain the word		ntion" or "incorporated" or	· the abbreviation '	"Cous." or "Inc."
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:		4100 SW 102nd AVENU	E	SSEE 3
(Principal office address <u>MUST BE A STREET A</u>	DDRESS	S) MIAMI, FL 33165		
				2°
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 830954		
		MIAMI, FL 33283		
D. If amending the registered agent and/or regis			r the name of the	
Name of New Registered Agent:	TANIA E LAZO			
	4100 SW	102nd AVENUE		
V . D	(Florida street address)			
<u>New Registered Office Address</u> :	MIAMI		_, Florida	33165
		(City)	(Zip C	'ode)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agen			obligations of the p	osition.
	Re	mata)		
_	S	ignature 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	<u>V</u> <u>N</u>	ohn Doe 1ike Jones ally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	<u>v</u>	TANIA LAZO	4100 SW 102nd AVENUE		
Add			MIAMI, FL 33165		
X Remove					
2) Change	P	TANIA LAZO	11855 SW 18 TERR #68		
Add			MIAMI, FL 33175		
X Remove					
3) Change	P	TANIA E. LAZO	4100 SW 102nd AVENUE		
X Add			MIAMI, FL 33165		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(attach additional sheets, if necess	sary). (Be specifi	ic)			
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		3/17/2017	ica a a
	e date of each amend this document was s	dment(s) adoption:	, if other than the
r ee	ective date if applica	3/17/2017	
5110	ective date <u>it applies</u>	(no more than 90 days after amendment file date)	
		d in this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records.	ot be listed as the
A da	option of Amendme	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no memb adopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.	
	Dated	4/5/17	
	Signature .	Jania (3)	
	`	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)	
		TANIA E. LAZO	
		(Typed or printed name of person signing)	
		PRESIDENT .	
		(Title of person signing)	