

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000342123)))



H140000342123ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

FEB 12 2014 From:

R. WHITE

Account Name : FASTKIT CORP

Account Number: I20100000009

: (305)599-0839

Fax Number

: (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ന്

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LITTLE STAR PRODUCTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

14 FEB 11 AN JO: 05

Articles of Amendment to Articles of Incorporation of SECREMARY OF STATE TALLAHASSEE, FLORIDA

Little Star Productions, Inc.	<u> </u>	
(Name of Corporation as correctly filed w	ith the Florida Dept. of State)	
(Document Number of Corpo	oradon (if known)	
Pursuant to the provisions of section 607,1006, Florida Statuits Anticles of Incorporation:	ntes, this Florida Profit Corporation adopts the following an	nendment(s) to
A. If arneading name, exter the new name of the corner	ation:	
·		е леж
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered," "professional association," or the abbre  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered of	(2)	r-ialion lain the
new registered agent and/or the new registered office	gddress:	
Name of New Registered Agent		
	Florida street address)	
None Registered Office Address:	. Florida	
	(City) (Zip Coda)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	ed Assat: familiar with and accept the obligations of the position.  xistered Asent, if changing	•

If smeading 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 ritle:

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 manuer. Currently John Doe is listed as the PST and Mike Jones is listed as the Y. 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, Y as Remove, and Sally Smith, SV as an Add.

Exemple:

X Change	PI	John Dog	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u> Nатре</u>	<u>Addres</u> s
t) Change	D	Louis Rosenthal .	19111 Collins Avenue
Add			Apt 1902
Remove			Sunny Isles, FL 33160
2) Change	D	Susan Rosenthal	19111 Collins Avenue
Add			Apt 1902
Remove			Sunny Isles, FL 3316
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Removo		•	
5) Change			
Add			
Remove			
o) Change			
Add			•
Remove			

	ding additional A heets, if necassary	y). (Be specific	c) .			
		·				
		. <u> </u>				
				•		
			•			
				<del></del>		
	<del></del>		****			
		·				
	***					•
		<u>.                                 </u>				
,						
	<del></del>					
				***************************************		
,						
4.						
		<u></u>		_		
		1				
n smendment	<u>provides for 15 c</u>	vehanse racis	niffestion, or es	mælletian of i	sened shares.	
-11 -11 -11 -11 -11 -11 -11 -11 -11 -11	plementing the a	mendment if n	ot coursined in	the amondmen	t itself:	
<u>cov</u> isions for im	able. indicate NA	)			<u></u>	
<u>covisions for im</u>						
<u>covisions for im</u>						
<u>covisions for im</u>						
<u>covisions for im</u>						
<u>covisions for im</u>						
<u>covisions for im</u>						
<u>covisions for im</u>						
<u>covisions for im</u>						
<u>covisions for im</u>						
<u>covisions for im</u>						
<u>covisions for im</u>						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>covisions for im</u>						
<u>covisions for im</u>						

late this document was signed.		
Treetive date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cost for the amendment(s) ficient for approval.	
	toved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
: by	fvoting group)	•
-ŋ <sub>'</sub>	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	,
Dated January	3, 2014	
Signature	Z 1-	
(Dy 2 di scleated	rector, president or other officer — if directors or officers have not been i, by an incorporator — if in the hands of a receiver, trustee, or other count ed flduciary by that fiduciary)	_
	Louis Rosenthal	
	(Typed or printed name of person signing)	_
	Director	
	(Title of person signing)	<del></del>