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(Document Number)		
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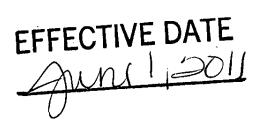
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Moan	que Pobertson Productions, Inc.
DOCUMENT NUMBER: Poloo	00 90 477
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Steven M	Name of Contact Person
Steven N O	Firm/ Company
4014 Chase	Avenue, 218 Address
Mrami Bea	City/ State and Zip Code
	be used for future annual report notification)
For further information concerning this m	natter, please call:
Steven R Goldey CPA Name of Contact Person	at (305) 534-7/60 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
\$35 Filing Fee \$\ \times \text{S43.75 Filing Fee & Certificate of Status}	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of



Montque Robertson (Name of Corporation as cur	Productio	ns, Inci		
			f State)	
<u> </u>	90477 mber of Corporation	- (:Cl)		
(Document Nu	niber of Corporation	i (ii known)		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		, this <i>Florida Pre</i>	ofit Corporation a	dopts the following
A. If amending name, enter the new name	of the corporation:			
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	ne designation "Corp	p," "Inc," or "Co	". A professiona	
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE				JIVISIO
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF				FILED STATE RESIDENCE OF CORPORATIONS
D. If amending the registered agent and/or new registered agent and/or the new reg			enter the name o	f the
Name of New Registered Agent:	Monique	Cirera		
New Registered Office Address:	Monique 1200 Eucli (Florida			
	Mrani B	euch	, Florida <u>3</u> (Zip Code)	3/39
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		with and accept		the position.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P, D</u>	Montque Cirera	Mrami Beach FL 33139	Add Remove Remove Add Remove Remo
ρ	Monryue Robertson	1200 Euclid Ave, #209 Mrami Beach, FL 33139	☐ Add ☑ Remove
			☐ Add ☐ Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specij		
provision	endment provides for an exchange, rec s for implementing the amendment if a applicable, indicate N/A)		
(ij noi	uppricuote, maicure (VA)		

The date of each amendment(s)	
F100 .1 1 . 10 . 11	(date of adoption is required)
Effective date if applicable:	Tune 1, 7011 no more than 90 days after amendment file date)
(4	to more than 90 days after amenament fite acties
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	at for the amendment(s) was/were sufficient for approval
by	,,
(v	oting group)
action was not required. The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated Ma	J 3 J 0 11
Signature A	23, 2011
selecte	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Montgue Coreva
	Montyve Crera (Typed or printed name of person signing)
_	Pres Nden + (Title of person signing)
	(Title of person signing)