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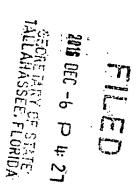
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

NAME OF CORPORATION: BA Capital Ventule Film Inc.

DOCUMENT NUMBER: PO 7000050845

The enclosed Articles of Amendment and fee are submitted for filling.

Please return all correspondence concerning this matter to the following:

Brandy Abreu	
BA Capital Venture Frem In	
5400 nw 32 Avenue	·
Miami, FL 38142	
City/ State and Zip Code	

E-mail addless: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandy Abrieu at 786, 5814651

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BA Capital Venture	Firm In	C	
POTOMOSOSUS	rently filed with the Florida De	ept. of State)	
(Document Numb	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation	adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>		
			The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A professional corpo	porated" or the ab pration name must c	breviation ontain the
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)			
	<u></u>		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		ame of the	
Name of New Registered Agent			
(Floric	da street address)		
Nam Pariston d Office Address	·	DI 11	
New Registered Office Address:	(City)	, Florida(Zip C	ode)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami		ons of the position.	
		EL AN	2016
Signature of N	lew Registered Agent, if changing	ASSEE, FLORI	1 - 3 - 3 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5
		DA	ب

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	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	Address
(Check One) 1) Change	D	Aduro Corona	5400 nw 32Aveny
<u>✓</u> Add		·	Migmi, FL 33142
Remove	•		
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
,	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself;
(if not applicable, indicate N/A)	nument it not contained in the amendment user.
у погаррясаоте, таксате тА)	
\у пот аррисаоте, inaccare (VIA)	
(у пол аррисаоте, inaccare MA)	
(у пол аррисаоте, інассате гігА)	
(у пот аррисаоте, таксате МА)	
(y noi applicable, indicale NIA)	

The date of each amendment(s) adoption date this document was signed.	: December	. Q, QOIG	, if other than the
Effective date if applicable:			
	(no more than 90 days af	er amendment file date)	
Note: If the date inserted in this block d document's effective date on the Department		atory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficien		of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each w			t
"The number of votes cast for the	amendment(s) was/were sufficie	nt for approval	
by	(voting group)	"	
	(voting group)		
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without s	hareholder action and shareholder	
The amendment(s) was/were adopted b action was not required.	y the incorporators without share	holder action and shareholder	
Dated 12/02	12014		
o:	75		
Signature	president of other officer - if di	rectors or officers have not been	
		f a receiver, trustee, or other court	
appointed fide	ciary by that fiduciary)		
	Brand-1 A	łbeeu 💮	
	(Typed or printed name of p	erson signing)	
	Yresident		
•	(Title of person	signing)	