## P07000085864

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SEP 16 2015 A RAMSEY

## **COVER LETTER**

ø

Division of Corporations E.F. PRODUCTIONS INC POTODOO 85864 NAME OF CORPORATION: \_ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person TOA C OVIES CPA PA Firm/Company 3785 NW 82 AVE STE 305

Address

DORAL FL 33166

City/ State and Zip Code idaovies e bellsowh. net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

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**Mailing Address** 

TO: Amendment Section

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

Certificate of Status

Street Address

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

Certificate of Status

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(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation

FILED

	of					•
E. 1	F. PROOU	CTIONS	INC	2015 SEF		<b>#</b> 34 2
(Name of Corp	oration as currently	filed with the l	Florida Dept. of	State)		= STAT
	P 070000	085864		TALLANA	ASSEE.	<u>FĽÓŘÍ</u> I
(D	Occument Number of	Corporation (if )	known)	74	٠,	** .
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Iorida Statutes, this F	lorida Profit Co	orporation adopts	the following	amendme	ent(s) to
A. If amending name, enter the new name of t	he corporation:					
					The new	v
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "C	lo". A professi				
B. Enter new principal office address, if appli						
(Principal office address <u>MUST BE A STREET</u>	ADDRESS )					
		<del></del>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)					
(Manning address MIII DE MI GOT GITTE	<u> </u>		,			
				**************************************		
D. If amending the registered agent and/or re new registered agent and/or the new regist		ess in Florida, e	nter the name o	<u>f the</u>		
Name of New Registered Agent						
	(Florida stree	et address)				
New Registered Office Address:			. Flo	orida		
	(	City)	,	(Zip Co	ode)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		ith and accept to	he obligations of	the position.		
<del></del>	Signature of New Re	gistered Agent.	if changing			
	J					

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> John L	<u>Doe</u>	
X Remove	<u>V</u> Mike,	<u>Jones</u>	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	OVIES IDA C	3785 NW 82 ANE
Add			STE 302
Remove			DORAZ FZ 33166
2) Change	<u>S</u> _	VEGA SANDRA PATTA	UCA 1717 S BAYSHORE DR
X Add			STE 2934
Remove			MIAMI FZ 33132
3) Change	<u>VPT</u>	FIGUEROA ELMER	1717 S BAYSHORE DR
_X_ Add			STE 2934
Remove			MIAHI FZ 33/30
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	-

The date of each amendment(s) adoption: date this document was signed.	9/10/15	, if other than the
-	9/10/15	
Effective date <u>if applicable</u> :	9/10/15 (no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing require f State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the approval.	e amendment(s)
	ne shareholders through voting groups. The foliog group entitled to vote separately on the amen	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	oting group)	
(vo	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action a	and shareholder
action was not required.	incorporators without shareholder action and s	shareholder
Dated9/10/	15	
Signature	La Club Sident or other officer – if directors or officers h	
	orporator – if in the hands of a receiver, trustee y by that fiduciary)	, or other court
	IRA COVIES	
	TDH C OVIES (Typed or printed name of person signing)	
	PRESIDENT	
<del></del>	(Title of person signing)	