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2017 GEC 26 PH 12: 27

C. GOLDEN

DEC 2 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NORVIL STUDIC	S INC	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
:	LUCKINSON NORVIL		
-		Name of Contact Person	1
	Norvil Stu	lies Inc	
-		Firm/ Company	
	14535 NW 7TH AVENUE		
-		Address	
;	MIAMI FL 33168		
-		City/ State and Zip Cod	e
NORV	/ILSTUDIOS@YAHOO.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LUCKINSON NORVIL		305 at (967- 1245 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	OS43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

51 E

2017 PFC 26 PH 12: 27 NORVIL STUDIOS INC (Name of Corporation as currently filed with the Florida Dept. of State) P08000009110 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida_ New Registered Office Address: _ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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:

tAttach 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MOLY NORVIL	1300 NW 192 TERRACE
X Add			MIAMI FL 33169
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change		-	
Add			
Remove			

If amending or ade (Attach additional s	ding additional Arti heets, if necessary).	(Be specific)	e(s) here:			
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16		. 1 10				
ii an amendment j	provides for an exch plementing the ame	<u>iange, reclassifica</u>	illon, or cancella	ation of issued st	iares,	
(if not applica	ible, indicate N/A)	nument it not con	itamed in the an	nenument usen.		
(i) not append	rac, martine mary					
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	DECEMBER 22 2017	
The date of each amendmen		, if other than the
date this document was signed	•	
Effective date if applicable:	DECEMBER 22 2017	
Enective date <u>it apparame</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with Department of State's records.	II not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) rere sufficient for approval.	
	are approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	are adopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	EMBER 22 2017	
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	_
	LUCKINSON NORVIL	
	(Typed or printed name of person signing)	
	PRESEIDENT	
	(Title of person signing)	