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And

APR 28 2014

R. WHITE

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporation	ons			
NAME OF CORPORAT	000000	n Produc	tions. Inc.	
DOCUMENT NUMBER	· Muu	29010		
The enclosed Articles of A	mendment and fee are sui	bmitted for filing.		
Please return all correspond	dence concerning this mat	tter to the following:		
	Juscelina	a Ferrero	6	
Camm Productions, Inc.				
	Firm/ Company			
	9221	Address		
	miami.	FL. 33138	3	
		City/ State and Zip Code	e	
	E-mail address: (to be us	MM DYCOUT ed for future annual report	notification)	
For further information concerning this matter, please call:				
Joselina	Ferreros	at (305	938-0023	
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$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)	
Amendm	Address tent Section of Corporations 6327	Amend Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

,	of		FILE	D
<u>Camm</u> Product	tions, l	\mathcal{M} .	14 428 21	74 10 . 1A
(Name of Corporation as currently	y filed with the Flori	da Dept, of State)	State	- 12·12
P09mm 290	110		TALLATIASSES	SATE
(Document Number	r of Corporation (if kn	own)	7777	- LUMU A
ursuant to the provisions of section 607.1006, Flor s Articles of Incorporation:	rida Statutes, this <i>Floi</i>	rida Profit Corporati	on adopts the following	ng amendment(s)
. If amending name, enter the new name of the	corporation:			
				_The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	orp," "Inc," or "Co"	'. A professional con		
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>				_
	-			_
	-		.	_
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>) _			_
	_			_
	_			
. If amending the registered agent and/or regis	stared affice address	in Florida, onter the	name of the	
new registered agent and/or the new register		in Piorida, enter the	name of the	
Name of New Registered Agent				
	(Florida street a	address)		
New Registered Office Address:		Fic	orida	
The Manager of the Manager.	(City)	, I'iC	(Zip Code)	
5 1. 1. 1. 1				
ew Registered Agent's Signature, if changing Reverby accept the appointment as registered agent		and accept the obliga	ations of the position.	
	,	7	, _F	
Signature of	New Registered Agen	ut, if changing		
- •	- 0			

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	PT John	n Doe	
X Remove	V <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Francisco Ferreras	922 NE78 ST
Remove			
2) Change Add	P	Joscetina Ferreras	922 NE 78 ST miami, Fl. 33138
Remove 3) Change Add	VP	Carlton Buller	922 NE 785T miami, Fl. 33138
Remove			
4) Change Add Remove			
5) Change			
Remove			
6) Change			
Remove			

Attach adailio	or adding additional onal sheets, if necessar	ry). (Be specific)			
	·				
		<u></u> 			
provisions fo	nent provides for an or implementing the sopplicable, indicate N/A	amendment if not	<u>ication, or cance</u> contained in the s	llation of issued s amendment itself:	hares,
			 		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated April 15, 2014	
Signature	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u> </u>
<u>President</u>	
(Title of person signing)	