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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Mame Ch 8 1009

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION:	TREASURE COAST FILM	MINC
DOCUMENT NUM	IBER:	P09000089626	
The enclosed Article	es of Amendment and fee a	are submitted for filing.	
Please return all corr	espondence concerning th	is matter to the following:	
_		OSE GAROFALO	
	,	Name of Contact Person	
	TREAS	URE COAST FILMS INC	
		Firm/ Company	v .
	1918 S.	E. CARVALHO STREET	
_		Address	
	PORT ST	LUCIE, FLORIDA 34983	
_		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	JOSEGARO E-mail address: (fo be use	PFALO@YAHOO.COM and for future annual report notification)	
For further informati	on concerning this matter,	please call:	
Jos	E GAROFALO	at (<u>772</u>) 7	
Name of	f Contact Person	Area Code & Daytime Tel	lephone Number
Enclosed is a check t	for the following amount n	nade payable to the Florida Depar	tment 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)
Mailing Address		Street Address	
Amendment		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	le

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

SECRETARY OF STATE OB NOV.	
09 NOV -3 PM 2: 38	1

TREASURE COAST FILM INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000089626 (Document Number of Cornoration (if known)

A. If amending name, enter the new name	e of the corporation:	
	RE COAST FILMS INC	The new
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "p	the designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR.		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
	or registered office address in	Florida, enter the name of the
D. If amending the registered agent and/onew registered agent and/or the new recommendate of New Registered Agent:	or registered office address in egistered office address:	
(Mailing address MAY BE A POST OF) D. If amending the registered agent and/o new registered agent and/or the new recommendation.	or registered office address in	

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>	<u>Address</u>	Type of Action
			— — — — — — — — — — — — — — — — — — —
			<u></u>
	additional sheets, if necessary). (Be spe		
provisi	mendment provides for an exchange, rions for implementing the amendment not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: NOVEMBER 2, 2009
Effective date <u>if applicable</u> :	NOVEMBER 2, (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_NO\ Signature	VEMBER 2, 2209 , Pres.
(B)	a director, president or other officer - if directors or officers have not been
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiductary by that fiduciary)
арр	control reductary by that reductary)
	JOSE GAROFALO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)