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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EVENTUS DIGITAL INC.			
DOCUMENT NUMBER: PIDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence	concerning this mat	ter to the following:	
Ma	yra So	Name of Contact Person	
Eve	ntus	Firm/ Company	
500	O SW	Address	LA Floor
Mic	ami, F	City/ State and Zip Code	<u></u>
MSC E-mai	TO@ E	VENTUSUS ed for future annual report t	VE.COM notification)
For further information concerning	g this matter, please	e call:	
Mayra So- Name of Contact I	Person	at (<u>205</u> Area Coo	503-8456 de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made p	ayable to the Florida Depar	rtment of State:
	.75 Filing Fee & ifficate 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)
Moiling Addus		Campot	Aulduson

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



	1.
Eventus Diaital Inc.	149.62
(Name of Corporation as currently filed with the Florida Dept. of State)	42
P10000029078	
(Document Number of Corporation (if known)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
LTEIP INC.	27
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the al "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must e 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)	
NA	
. (
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 N A	
(Florida street address)	
New Registered Office Address: N A (City), Florida (Zip Code)	
(Mig/	
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.	
NIA	
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:

(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 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		N/A	
Add			
Remove		,	
2) Change		- N/A	
Add			
Remove		1	
3) Change		~ \/A	
Add			
Remove			
4) Change		NA	
Add			
Remove			
5) Change		N A	
Add		,	
Remove		N.	
6) Change		N/A	
Add		,	
Remove			

(Att	mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)	
N	A		
_,			
_			
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F. <u>If a</u>	ovisions for implementing the amer (if not applicable, indicate N/A)	nge, reclassification, or cancellation dment if not contained in the amend	of issued shares, ment itself:
Ŋ	A	· · · · · · · · · · · · · · · · · · ·	
_		-	
_			

The date of each amendment(s) adoj	ption: JMY 23, 2012
Effective date if applicable:	10 10
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement sch 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)
	(voting group)
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder
Dated	123/12
Signature	The state of the s
(By a direc	ctor, president or other officer - if directors or officers have not been
set erred, t	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
appointed	reductary by that reductary)
	Nelson Albareda
	(Typed or printed name of person signing)
E	President (Title of person signing)