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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

AME OF CORPORATION: CAMI Productions Corporation			
DCUMENT NUMBER: $P 1000065717$			
ne enclosed Articles of Amendment and fee are submitted for filing.			
ease return all correspondence concerning this matter to the following:			
Magaly Bermudo Name of Contact Person  CAMI Production Corp.  Firm/ Company  P.O. BOX 430863  Address  South Miami F1 33243  City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Margaret Myanda at 787 543.3311 Name of Contact Person at 787 S43.3311 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address			

**Amendment Section** 

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles	of	Incorporation
		of

CAMI Production	COYD OYZH ON DIVISION OF CORPORATIO
(Name of Corporation as currently filed with the Flo	
P 1 0000006637	317
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  A M S P VO due  name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C  word "chartered," "professional association," or the abbreviation "P	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<del></del> .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 430863
	South Miami H 33243
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address: (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ith 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:

(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 Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change		
Add		
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)  amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:	
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(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption	: April 16.	2015		other than the
date this document was signed.	·		SECRETARY DIVISION OF CA	RPURATIONS
Effective date if applicable:			15 APR 20	PM 1: 05
	(no more than 90 days after a	nendment tile date)	15 APR 20	• • •
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by by the shareholders was/were sufficient		tes cast for the amenda	ment(s)	
The amendment(s) was/were approved b must be sevarately provided for each vo				
"The number of votes cast for the a	mendment(s) was/were sufficient for	r approval		
by	<u></u>	.,,		
	(voting group)			
The amendment(s) was/were adopted by action was not required.	the board of directors without sharel	holder action and share	cholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholde	er action and sharehold	ler	
Dated				
Signature	Multo alla	179	.,	
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appointed fiduo	iary by that fiduciary)			
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