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R. WHITE NOV 15 2017

## **COVER LETTER**

.

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ENTER MIAMI S	HOWS, INC.	
DOCUMENT NUME	P12000001178		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	WILLIAM GIL		
	_	Name of Contact Person	1
	VALENCIA ACCOUNTING	G FIRM	
		Firm/ Company	<del></del>
	14733 SW 90 TER		
		Address	
	MIAMI FL 33196		
		City/ State and Zip Code	2
WILI	.IAM@VALENCIAACCOU	NTING.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
WILLIAM GIL  Name of Contact Person		at (	444-7075
			de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section of Corporations Building xecutive Center Circle

## FILED

## 17 NOV 13 PH 3: 02

to

Articles of Amendment

to SECRETARY OF STATE
Articles of Incorporation LEAHASSELFLORIA

MIAMI SHOWS, INC.;				
(Name of Corpora	tion as currently fi	iled with the Florida	Dept. of State)	
P12000001178				
(Docu	ament Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006. Floridits Articles of Incorporation:	da Statutes, this <i>Flo</i>	orida Profit Corporati	on adopts the follo	wing amendment(s
A. If amending name, enter the new name of the o	corporation:			
				The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cor- word "chartered," "professional association," or th	rp, " "Inc, " or "Co	". A professional co		e abbreviation
B. Enter new principal office address, if applicab	<u>ile:</u>			
(Principal office address <u>MUST BE A STREET AD</u>	<u>ODRESS</u> )			
	-			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	( <u>ON</u> )			
	•			
			<del>.</del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter the	name of the	
Name of New Registered Agent				
				<del>_</del>
	(Florida street a	address)		
N. 10 N. 1000			421 · 1	
New Registered Office Address:	(Ci	tvi	, Florida	Zip Code)
		• *		,
New Registered Agent's Signature, if changing Re				
I hereby accept the appointment as registered agent.	I am familiar with	and accept the obliga	ations of the position	on.
Sia	matura of Nave Roai	stered taem if chang	ina	

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> </u>			
		Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	SD	RONALDO MARZANO	11536 SW 24Th Street	
Add X Remove			Miami Fl 33032	
2) Change				
Add Remove				
3) Change				
Remove			<del></del>	
4) Change Add				
Remove  5) Change				
Add				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	_		
<u> </u>				
		<del></del>		
-				
<del></del>			· · · · · · · · · · · · · · · · · · ·	_
<del></del>	<del></del>			
<u> </u>				
		-		
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, candent if not contained	or cancellation of iss I in the amendment	ued shares, itself:	
(if not applicable, indicate N/A)				
		<u> </u>		
				<del></del>

The date of each amendment(s) adoption:
date this document was signed
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 soling group entitled to vote separately on the amendment(s).
"The number of votes east for the unrendment(s) was were sufficient for approval
hy
(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.
10/18/2017 Dated
Signature
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
LUDMILLA F MARZANO
(Typed or printed name of person signing)
PRESIDEN I
(Title of person signing)