P1300035323

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Black Circus Studios, Inc
DOCUMENT NUMBER: P13000035333
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Monescalchi Name of Contact Person
Name of Contact Person
Firm/ Company
1408 Brampton Cove
Wellington FL 33414
Wellington, FL 33414 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carrie Monescalchi at (561) 5967311
Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



Black Circus Studios, Inc.	AND LO
(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000035323	

ent(s) to

<u>P1300003</u>	5323			
(Docume	nt Number of Corporation (i	f known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adop	is the following amendn	
A. If amending name, enter the new n	ame of the corporation:			
Dark Matter Collective	, Inc.		The ne	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corporatio		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		19701 E Country Club Dr.		
		Unit #303		
		Aventura, FL 33	180	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19701 E Country Club Dr.		
		Unit #303		
		Aventura, FL 33	180	
D. If amending the registered agent an new registered agent and/or the new			of the	
Name of New Registered Agent	N/A	<u>.</u>		
Game of New Neglatered rigent				
	(Florida stre	ret address)		
New Registered Office Address:	N/A	, Florida		
	(City)		(Zīp Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of	`the position.	
Si	gnature of New Registered A	gent, 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	Y	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s
1) Change	-	N/A			
Add					<u></u>
Remove					
2) Change					
Add					
Remove					<u> </u>
3) Change		-			
Add					
Remove					
4) Change	***************************************				
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ 	
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re specific)
N/A	(De specific)
17/7	
	Alexander
	·
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
*	

The date of each amendment(s) adoption: NOVEMBER '25' #515 date this document was signed.	, if other than the
Man 10 25 2012	
(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 November 25, 2013	
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
<u>Vice President</u>	
(Title of person signing)	