# P13000061719

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OF VISION OF CORFORATION

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SEP 1 8 2013

T. BROWN

#### **COVER LETTER**

NAME OF CORPORATION: Southernstyles Entertainment - Live and Legar
DOCUMENT NUMBER: P13000001719
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Cure
Southern Styles Ententainment - Live al Learn FAC
1310 NW. 5th Street
Ft. Lauder dale Florida 33311  City/ State and Zip Code
Southernstyles Entertainment 6 g mail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Damus Ove at (786) 873-6867  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

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 Incor	rporation		
Southern Sty	les Ent	er tainment	12NO +	-Learn
Name of Corporation as	currently filed with the Flo	rida Dent. of State)	, .	12471
P13000061	719	,		In
(Document	Number of Corporation (if I	(nown)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:  A. If amending name, enter the new par		lorida Profit Corporation add	opts the following	amendment(s) to
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "Co	o". A professional corporat	rated" or the abl	
B. Enter new principal office address, if	fannlicahla:			19 1 (1) 40 14 (1)
(Principal office address MUST BE A ST		· · · · · · · · · · · · · · · · · · ·		→ ≦g
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O				SEP -9 PH 2:45
D. If amending the registered agent and		ss in Florida, enter the name	e of the	
new registered agent and/or the new  Name of New Registered Agent	registered office address:			
•	(Florida stree	t address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(City)		(Zip Coile)	
New Registered Agent's Signature, if ch	anging Registered Agent			
I hereby accept the appointment as registe		th and accept the obligations	of the position.	
<del>-</del>		_		
Sign	nature of New Registered Ag	rent 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 Jo	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	T	Jonathan Cure	Ft. Laudardista, Florida
X Add			Ft. Laudardinle, Florida
Remove			33311
2) Change			
Add			
Remove			
3) Change	<del></del>	·*·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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<del></del>	
<del>,</del>	
If an amendment provides for an eych	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del></del>	
	·

The date of each amendment(s) adoption September 6 2013 if other than	
The date of each amendment(s) adoption:	n the
Effective date if applicable:	
(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 east 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 September 6, 2013	
Signature Came (we	
(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)	
James Cure	
(Typed or printed name of person signing)	
President	
(Title of person signing)	