P13000/00280

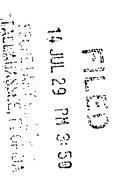
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AUG 0 8 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Visual Creativi	ity Inc.		
DOCUMENT NUMBER:	P13000100280			
The enclosed Articles of Ar	nendment and fee are su	bmitted for filir	ng.	
Please return all correspond	ence concerning this ma	tter to the follow	wing:	
Giu	seppe Raffa			
Vice	ual Creativity Inc	Name of Co	ntact Person	
V 131	al Creativity inc			
200	South Biscayne B		ompany 2 790	
Mia	mi Florida 33131	Ado	lress	
<u></u>	· - · · · · · · · · · · · · · · · · · ·	City/ State a	nd Zip Code	<u> </u>
manage	ment@spectacula	rstage.com	·	
	E-mail address: (to be us	sed for future ar	inual report	notification)
For further information con	cerning this matter, pleas	se call:		
Giuseppe Raffa		305	714-9442	
Name of Co	ntact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the I	lorida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified (Additional enclosed)	Сору	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division P.O. Box	ent Section of Corporations		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Visual Creativity Inc				
(Name of Corporation as P13000100280	currently filed with the Flo	rida Dept. of State)		
(Documen	nt Number of Corporation (if k	nown)		,
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new na N/A	ame of the corporation:			T)
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corporati		
B. Enter new principal office address, (Principal office address MUST BE A ST				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (N(A		· ·
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		ss in Florida, enter the name	of the	
	(Florida stree	t address)		
New Registered Office Address:	N/A	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			of the position.	
24	similar of their negationed rig	51, ·J 61		

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	Vincent Genovese	200 South Biscayne Boul.
Add				suite 2790 Miami FL 33131
Remove				Suite 2790 IVIIaIIII FE 33131
2) Change				
Add				
Remove				
3) Change		 -		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
Charge				
6) Change		_		
Add				
Remove				

(Attac	ending or adding additional Articles, enter change(s) here: n additional sheets, if necessary). (Be specific)
I/A	
-	
*	,
-	
<u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	isions for implementing the amendment if not contained in the amendment itself:
	if not applicable, indicate N/A)
/A	
	
	the state of the s

. The date of each amendment(s) adoption: date this document was signed.	_, if other than the
date on which document is filed 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 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	
Signature	
(By a director, president of 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)	_
Giuseppe Raffa	
(Typed or printed name of person signing)	-
PDT	
(Title of person signing)	_