## P15000019092

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## **COVER LETTER**

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TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: PRODUCTION M	ILLI PUENTE INC	
DOCUMENT NUMBI	ER: P15000019092		
	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
7	MARTHA J HERMAN		
-		Name of Contact Person	
1	MARTHA J HERMAN & AS	SSOCIATES, INC	
_		Firm/ Company	
:	201 EMERALD LANE		
-		Address	
1	LARGO, FL 33771		
-		City/ State and Zip Code	<u> </u>
MSM.	TH1975@YAHOO.COM		
	<del>-</del>	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	·
MARTHA J HERMAN		at (	692-5360
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## PRODUCTION MILLI PUENTE INC

( <u>Name c</u>	of Corporation as current	lly filed with the Florida Dept. of State)	
P15000019092			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	llowing amendment(s) t
A. If amending name, enter the new na	nme of the corporation:		
PRODUCCIONES MILLIE PUENTE IN	1C		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation must contain the
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S			
			<b>~</b> 2
	,		
C. Enter new mailing address, if appli		N/A	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
			PH 2: 08
D. If amending the registered agent an	nd/or registered office add	dress in Florida, enter the <u>name of the</u>	
new registered agent and/or the ne			
Name of New Registered Agent	N/A		<del></del>
	(Florida s	treet address)	
New Registered Office Address:	N/A	, Florida	
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Pagistared Agen	***	
		with and accept the obligations of the pos	sition.
	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	<u>PT</u>	John Doe	[/]	
X Remove	<u>v</u>	Mike Jones	1/T	
X_ Add		Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change				
Add				
Remove				
2) Change			·	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	,,			
Add				
Remove				
5) Change				
Add	<del></del>			
Remove				
6) Change				
Add				
Remove				

If amendin	g or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
	NATE NAME WAS MISSPELLED AND IS NOW BEING CORRECTED. THE NAME SHO	OULD
IAVE BEEN IN SPANISH AS IT IS A CORPORATION FORMED TO REACH THE LATINO CULTURE.		
IE NAME	OF THE CORPORATION SHOULD READ AS : PRODUCCIONES MILLIE PUENTE, INC	
<u></u>		
_		
		··—
provision (if no	dment provides for an exchange, reclassification, or cancellation of issued shares, s for implementing the amendment if not contained in the amendment itself: t applicable, indicate N/A)	
√A 		

	06/09/2015	
The date of each amendment(s) acd date this document was signed.	loption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	ll not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	•
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
06/09/2015	5	
Dated	Vande	
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	MILAGROS PUENTE	
	(Typed or printed name of person signing)	·
	PRESIDENT	
	(Title of person signing)	