P1500058208

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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C. GOLDEN AUG - 9 2018

COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

| Division of Corporations | | | | |
|--|----|--|--|--|
| NAME OF CORPORATION: SPYUNG HOLLYWOOD, INDOCUMENT NUMBER: P1500 005 & 208 | C | | | |
| DOCUMENT NUMBER: P1500 005 & 208 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Elliot Sprung Name of Contact Person Sprung Hollywood, INC Firm/ Company 1929 Hollywood Blvol Address Hollywood El 23020 | | | | |
| Name of Contact Person | _ | | | |
| Spring Kellywood, INC | _ | | | |
| Firm/ Company | | | | |
| 1929 Hollywood Block | _ | | | |
| Address Hollywood, F1. 33020 City/ State and Zip Code | | | | |
| City/ State and Zin Code | _ | | | |
| • | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| For further information concerning this matter, please call: | | | | |
| Elliof Spring at (786) 897 4804 Name of Contact Person Area Code & Daytime Telephone Numb | / | | | |
| Name of Contact Person Area Code & Daytime Telephone Numb | юг | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing Address Street Address | | | | |

Street Address

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 AUG -8 PM 2: 13

SPRUNG HOLLYWOOD, INC.

| (Name of Corporation as current | ly filed with the Florida Dept. of State ALLAHASSEF, FL |
|---|---|
| P15000058208 | INCERTASSEE, FL |
| (Document Number of | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | N/D The new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | NA |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| | |
| | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address | |
| Name of New Registered Agent | NIA |
| | , |
| | reet address) |
| New Registered Office Address: | (City), Florida(Zip Code) |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent | |
| I hereby accept the appointment as registered agent. I am familiar | with and accept the obligations of the position. |
| | |
| | NA |

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 | PT John l | Doe | |
|-------------------------------|----------------------|--------------|---------------------------------------|
| X Remove | <u>V</u> <u>Mike</u> | Jones | |
| X Add | SV Sally | <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | VIT | David Sprung | 2525 NW 57H Avenue Miani, Fl 33127 |
| Add | | | Miani, F1 33127 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Romavo | | | |

| Mach additional sheets, if necessary). (Be specific) | _ |
|--|--------------------------------|
| | N/A |
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| an amendment provides for an exchange, reclassification, or | cancellation of issued shares, |
| provisions for implementing the amendment if not contained in (if not applicable, indicate N/A) | n the amendment itself: |
| (у пот аррисиоле, таксте кух) | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|----------------------------------|
| Effective date if applicable: OS/OE/20/8 (no more than 90 days after of | |
| (no more than 90 days after o | amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records. | |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval. | otes east for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate | |
| "The number of votes cast for the amendment(s) was/were sufficient for | or approval |
| by(voting group) | |
| The amendment(s) was/were adopted by the board of directors without share action was not required. | eholder action and shareholder |
| The amendment(s) was/were adopted by the incorporators without sharehold action was not required. | der action and shareholder |
| Dated 08/06/2018 Signature | |
| Signature Of Company | |
| (By a director, president or other officer - if director | ors or officers have not been |
| selected, by an incorporator - if in the hands of a re- | eceiver, trustee, or other court |
| appointed fiduciary by that fiduciary) | |
| Elliot Sprum | P |
| (Typed or printed name of person | on signing) |
| P,S | |
| (Title of person sign | ning) |