P15000060498

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COVER LETTER

TO: Amendment Secti Division of Corpo	antions.				
NAME OF CORPOR	AATION: Mula T	os S.A.	Productions, Corp		
DOCUMENT NUMB	BER: P15000	0060498	· · · · · · · · · · · · · · · · · · ·		
	of Amendment and fee are sub				
Please return all corres	pondence concerning this mat	ter to the following:	Perez		
	·	Name of Contact Person	l		
	13500 1	Firm/ Company VE 3	CT		
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	mulatos. E-mail address: (to be us	City/ State and Zip Code Sa. broduced for future/annual report	tions who trail com		
	n concerning this matter, pleas				
Kiea.	rdo Perez	at (305	318-5154 de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	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)		
Mailing Address Street Address					
	endment Section ision of Corporations		Iment Section		
	Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314			Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Mulatos

(Name of Corporation as currently filed with the Florida Dept. of State)

P150000 604 98 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

its Articles of Incorporation:			
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corpora		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:		ne of the	
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address:		, Florida	
Hew Registered Office Address.	(City)	(Zip (Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligation	s of the position.	15 60 007 4
Signature of New R	egistered Agent, if changing		_ E: D

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	$\underline{\mathbf{V}}$	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V	-	William Rodriguez Martinez	13500 NE 3CT
Add			V	NORTH Miami,
Remove				FL 33161
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
S) Charac				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. <u>If amending</u> (Attach <i>addi</i>	g or adding additional tional sheets, if necessa	Articles, enter char	ige(s) here:		
(* ************************************	h)/n				
	- P/A				
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			 ,		
If an amend	dment provides for an for implementing the	exchange, reclassify amendment if not c	cation, or cancella ontained in the an	<u>ition of issued shar</u> nendment itself:	es.
(if not	applicable, indicate N/	4)			
	NA				
	, ,				
	,				
	 				
					
			<u></u> " ».		·

The date of each amendment(s) adoption:		, if other than the
date this document was signed. Effective date if applicable:	8/4/5	2015
	nore than 90 days after	er amendment file date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	et the applicable statute records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK (ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approve	olders. The number of	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group	holders through voting entitled to vote separa	g groups. The following statement ately on the amendment(s):
"The number of votes cast for the amendment	(s) was/were sufficient	t for approval
by(voting gro		,,
(voting gro	oup)	
The amendment(s) was/were adopted by the board of action was not required. The amendment(s) was/were adopted by the incorporation was not required.		
Dated	2015	
Signature Pwyl		
	r other officer – if dire	ectors or officers have not been
selected, by an incorporate	or – if in the hands of a	a receiver, trustee, or other court
appointed fiduciary by tha	• .	
F	Licardo	Perez
(Typed	or printed name of per	rson signing)
7	Presider	$\gamma \neq$
	(Title of person si	igning)