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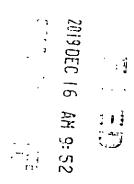
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## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations ARTBOX PT PRODUCTIONS INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: ALBERTOC.PUTOL Name of Contact Person 445 WEST PARK DRIVE UNIT 103 MIAHI FL 33172
City/ State and Zip Code aladap 2 Ogmail. com
E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: ALBERTOLPUTOL at (706) 970 9543

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: X \$35 Filing Fee □ \$43.75 Filing Fee & □S43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to

Articles of Incorporation of

ARTBOX PT PRODUCTION	US INC.	2019
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	030
P 150000 84007	.•	=
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi	. Etarida Pratit Cornoration adorsts the follow	ing amondora
institute of Incorporation:	s runtaa r roja Corporation attijas tile toitok	<del></del>
		52
V. If amending name, enter the new name of the corporation:		
		The _new
rame must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".		
chartered, ""professional association," or the abbreviation "P.A	. "	
3. Enter new principal office address, if applicable:	445 WEST PARK.	ORNE
Principal office address <u>MUST BE A STREET ADDRESS</u> )	-/	
	HIANI, FL 3317	
The Control of the Co	ŕ	
L. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	445 WEST PARK	ORWE
·	UNIT 103	
		 フゥ
	MIANI FE 331	14
). If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre		
Name of New Registered AgentALBER	TO C. PUTOL	
	ST PARK DRIVE UNI	7 112
	street address)	_ /00
11:00		3/72-
New Registered Office Address:	, Florida 32 (City) (Zij	o Coder
	101,7	
New Registered Agent's Signature, if changing Registered Aget		
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position	l,
	ノ . 【	
aff-		
Signature of New	RegistereX. gent, if changing	<del></del>

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:

(Attach additional sheets, it necessary) — (Be specific)

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 Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	ADA M. TEJEDA SANCHEZ	13150 NW 15T CT 5T 609 MIANI FC 33/29 445 WEST PARK ORIVE
Add		SANCHEZ	ST 609
X Remove			MIANI FC 33/29
2) X Change	P	ALBERTO C. PUTOL	445 WEST PARKORIUS
Add			UNIT 103 MIAMI FL 33172
Remove 3 ) Change			MIAMI FL 33/12
Add			
Remove		••	
4) Change			
Add			
Remove			4- <del></del>
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or add	ding addit	ional Articles, enter change(s) here:	

	,	
	· , ,	
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	·
provisions for implementing the amer	inge, reclassification, or cancellation of issued shidment if not contained in the amendment itself:	ares,
		ares,
provisions for implementing the amer		ares,
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provisions for implementing the amer  (if not applicable, indicate N/A)	dment if not contained in the amendment itself:	

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su		The number of votes east for the amendment(s)
		through voting groups. The following statement 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 add action was not required.	opted by the board of direct	ors without shareholder action and shareholder
action was not required.		vithout shareholder action and shareholder
Dated	2/10/2019	
Signature C (By a d selecte	irector, president or other o	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ary)
	ALBERT	O C. PUTOL
	(Typed or printe	ed name of person signing)
	VICE PRESI	DENT
	(Title of person signing)	