

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submoss Emily reality)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



100292959941

12/08/16--01014--009 \*\*35.00

And DEC 12 2016

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MAD MONKEYS EVENT INC				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Madina Balyetaliova  Name of Contact Person  US 6/08al Investment Group Inc  Firm/Company  3801 5 Ocean Br #3C  Address  Hollywood FL 33019  City/State and Zip Code				
E-mail address: (to be used for fature annual report notification)				
For further information concerning this matter, please call:				
Madiua Bahretaivova at 954 J43 6514  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:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

	to	
	Articles of Incorporation	
mad marke	us Event	TEDEC-8 AH 11: 28
(Name of Corporation	on as currently filed with the	Florida Dept. of State)
(Docum	ent Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit C</i>	orporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the wor. "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co". A profess.	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	in 3425 Laud	NW 13th Street Terhill, FL 33311
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	x) 3425 Laude	NW 13th forcet whill, FL 33311
D. If amending the registered agent and/or register new registered agent and/or the new registered  Name of New Registered Agent		enter the name of the
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
	(Cily)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.

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				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s	
1) <u>Change</u>	VP	VOL	ODYMYR S	HVETS	3425 1	VW 13ta St -hill, FL
Add						,
Remove						33311
2) Change	UP	ANA	ASTASIIA	<u>SHU</u> ETS	3425	NW 13th St erhill, FL
Add					Layde	,
Remove						33311
3) Change		<del></del>				
Add						
Remove						
4) Change		<del></del>				
Add						
Remove						
5) Change						
Add						
Remove						
6)Change	<del></del>			<del></del>		
Add						
Damova						

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
,	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis of the angendment itself:
<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	1(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Attitus	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
VOLODYMYR SHVETS	
(Typed or printed name of person signing)	
V₽	

(Title of person signing)