## P1600007-7796

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J DENNIG
	FBB + U 2823





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Ret. 10/24/23



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CYCLE SEA AD	VENTURE CORP	
	1BER: P16000077796		
The enclosed Article	es of Amendment and fee are si	abmitted for filing.	<del>-</del>
Please return all con	respondence concerning this ma	atter to the following:	
	JOSE L FUENTES MACHU	JCA	
		Name of Contact Perso	n
	CYCLE SEA ADVENTURE	E CORP	
		Firm/ Company	
	3609 DANNY BRYAN BLY	• •	
	·	Address	
	TAMPA, FL 33619		
		City/ State and Zip Cod	С
	JLMFUENTES1971@GMA	IL.COM	
	•	sed for future annual report	notification)
For further informati	on concerning this matter, plea		200 0101
	of Contact Person	at (813	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to . Articles of Incorporation of

	to . Articles of Incorporation of	
CYCLE SEA ADVENTURE CORP		•
(Name of Cor	poration as currently filed with the Flor	rida Dept. of State)
P16000077796		
(	Document Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corpo	oration adopts the following amendment(s)
A. If amending name, enter the new name of	f the corporation:	
JLMF PRODUCTIONS INC		The new
name must be distinguishable and contain the we "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional corpo	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changi- l hereby accept the appointment as registered a	ng Registered Agent: agent. I am familiar with and accept the c	obligations of the position.
		<del></del>
	Signature of New Registered Agent, if c	hanging
Charle if applicable		

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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) Change			-
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		,	
Remove		·	

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
<del></del>	
	<u> </u>
If an amandment provides for an exch	hange medicolification or consultation of issued shows
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	<del></del>

.

The date of each amendment		, if other than the
date this document was signed		
Effective date <u>if applicable:</u>	10/09/2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in a document's effective date on the	his block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendate sufficient for approval.	nent(s)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following stand for each voting group entitled to vote separately on the amendment(s):	atement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	21	
-	(voting group)	
10/09/. Dated	2023	
Daleu	1 6	
Signature		
/se	y a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	court
	JOSE L FUENTES MACHUCA	
	(Typed or printed name of person signing)	
	MGR	
	(Title of person signing)	