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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: M&O PRODUCTI	IONS INC			
DOCUMENT NUMBI	P17000044060	- · · · - · · · · · · · · · · · · · · ·			
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.			
Please return all corresp	ondence concerning this mat	iter to the following:			
	EDWARD	МЕЛА			
-		Name of Contact Person			
	TAX BURE	AU SERVICE CORP			
-		Firm/ Company	<u> </u>		
1835 NW 112TH AV SUITE 164					
Address					
	MIAMI FL 33172				
-	<u> </u>	City/ State and Zip Code			
	EDMEJIA@TBSTAX.NI	ET			
	•	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
EDWARD MEJIA		at (646	9964212 de & Daytime Telephone Number		
Name of Contact Person Area C		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

M&O PRODUCTIONS INC

	Jenons me
(Name of Corporation as current	tly filed with the Florida Dept. of State)
217000044060	
(Document Number	of Corporation (if known)
tursuant to the provisions of section 607,1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "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
	7220 NW 114TH AVENUE SUITE 203
s. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	DORAL FL 33178
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 	dress in Florida, enter the name of the
Name of New Registered Agent	
Name of their Registeren rigers	
(Florida :	street address)
100 111	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
hereby accept the appointment as registered agent. I am familia	ir with and accept the onligations of the position.
Simultana of No.	& Registered Agent, if changing

- Sif 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			

	eets, if necessary).	(Be specific)				
				<u> </u>		
						
			 	 _	-	
	-					
					<u> </u>	
				<u> </u>		
	 		-			
						
				_		
f an amendment p	ravides for an exc	change reclassifi	cation, or cance	ellation of issued	shares,	
provisions for imp	dementing the am	endment if not c	ontained in the	amendment itse	lf:	
(if not applical	ble, indicate N/A)					
				 		
					_	
						

	JUNE 8, 2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
	JUNE 8, 2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will nee Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statement if for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
·,	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	06/08/17	
Signature 🔀		_
(B)	y a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator - if in the hunds of a receiver, trustee, or other court	
ap	pointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Project	
	(Title of person signing)	