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"IN 0 7 2017! T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

			ERTAINMENT LORP.	
DOCUMENT NUMB	er: <u>71700004</u>	5 307		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
_	BRAYAW K DIAZ Name of Contact Person			
	Name of Contact Person			
-	415 54 0	Firm/ Company		
-	Brunton Br	Address Address City/ State and Zip Code	3,3435	
-				
	BLAHAN DIAZ B E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
BRAYAN	K DIAZ	at (561		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made [payable to the Florida Depa	irtment of State:	
\$35 Filling 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		
Amer	ndment Section		ment Section	
Division of Corporations		Division of Corporations Clifton Building		
	Box 6327 hassee, FL 32314		Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Company)	anneath. Clad with the Clavide Dant of State)
P 17000 4	urrently filed with the Florida Dept. of State)
	mber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
	The new
	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the iation "P.A."
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 a new registered agent and/or the new registered of fice a	
Name of New Registered Agent	
	orida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent.—I am fa	Agent: miliar with and accept the obligations of the position.
Signature o	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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	BRADY JASON DIAR	415 SW 9th AVE.
Add			Boynton BEACH, FL
Remove			33435
2) Change	<u> 17</u>	BRAYAN KEUIN DIMZ	415 SW 9th AVE.
Add			Bapton Bench, FC
Remove			33485
3) Change		****	
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			+1
5) Change			
Add			
Remove			
6) Change			, , , , , , , , , , , , , , , , , , , ,
Add			
Remove			

(Attach aa	ing or adding additiona ditional sheets, if necess	arv). (Be spec	ific)			
140	PRESIDE NITIS	NAME	15 3	STEUED	INCORRECTION	<i>/</i> .
is	SUPPLIE TO	RC	BRAD	y To Du	12 /2000 NEAT)	000
22010	1 / 2 / 100	20	\	10-7.	INCORPECTIONS)	<u> </u>
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lf an ame	endment <u>provides for ar</u>	ı exchange, reck	assification	. or cancellatio	n of issued shares.	
provisio	ns for implementing the ot applicable, indicate N	amendment if				
(i) ni	он аррисате, такше к	/A)				
<u></u>			<u>-</u>			
						<u>-</u>
		<u> </u>		· · · · ·		<u></u>

The date of each amendment(s) adoption:	, it other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5/30 2017 Signature (By a director, president or other ather—if-directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Typed or printed name of person signing)	
Vice President	
(Title of person signing)	