## PISOCOLOUS

| (Ře                     | equestor's Name)   | <del> </del> |  |
|-------------------------|--------------------|--------------|--|
| (Ad                     | ldress)            |              |  |
| (Ad                     | dress)             |              |  |
| (Cit                    | ty/State/Zip/Phone | e #)         |  |
| PICK-UP                 | ☐ WAIT             | MAIL         |  |
| (Bu                     | siness Entity Nar  | ne)          |  |
| (Document Number)       |                    |              |  |
| Certified Copies        | _ Certificates     | s of Status  |  |
| Special Instructions to | Filing Officer:    |              |  |
|                         |                    |              |  |
|                         |                    |              |  |
|                         |                    |              |  |

Office Use Only



400311663134

04/16/18--01032--003 \*\*35.00

And

R. WHITE APR 18 2018

LLAHASSIE TLORIDA

8 APR 16 PH 1: 3

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: MANUEL CAMPA   | A  |  |
|-------------------------|--|--|--|
|                         | BER: P18000010613  |  |  |
|                         | of Amendment and fee are su  | bmitted for filing,  |  |
| Please return all corre | espondence concerning this ma  | tter to the following:   |  |
|                         | MANUEL CAMPA   |  |  |
|                         |  | Name of Contact Person   | 1  |
|                         | ELITE PRODUCTIONS ENTERTAINMENT MC CORP  |  |  |
|                         |  | Firm/ Company  | <del></del>  |
|                         | 7423 BRISTOL CIR   |  |  |
|                         |  | Address  | ······································   |
|                         | NAPLES FLORIDA 34120   |  |  |
|                         |  | City/ State and Zip Code   | e  |
| alita                   | promc@gmail.com  |  |  |
| - the                   |  | sed for future annual report                                       | notification)  |
|                         | L-man address. (to be us   | sed for factore annual report                                      | notificationy  |
| For further information | on concerning this matter, pleas   | se call:   |  |
| MANUEL CAMPA            |  | at ( <u>239</u>  | 289-1040   |
| Name                    | of Contact Person  | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for | or the following amount made   | payable to the Florida Depa  | urtment of State:  |
| \$35 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) |
| An<br>Div<br>P.C        | niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle              |
|                         |  | Tallahassee, FL 32301  |  |

FILED

## **Articles of Amendment**

| ·  | to 18 APR 16 PM 1: 38   |
|--|---|
| TI'I TO  | of SECRETARY ON STATE   |
| Elite troduc   | tions Entertainment The TOP   |
| ( <u>Name of Corr</u>  | poration as currently filed with the Florida Dept. of State) (  |
|  | Document Number of Corporation (if known)   |
| (1   | Document Number of Corporation (it known)   |
| Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:                     | Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) t   |
| A. If amending name, enter the new name of   | the corporation:  |
|  | The new   |
|  | ne word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A." |
| B. Enter new principal office address, if appl<br>(Principal office address <u>MUST BE A STREE</u> ) |   |
| · · · · · · · · · · · · · · · · · · ·  |   |
|  |   |
| C. Enter new mailing address, if applicable:   | <u>.</u>  |
| (Mailing address MAY BE A POST OFFIC   |   |
|  |   |
|  |   |
|  | registered office address in Florida, enter the name of the   |
| new registered agent and/or the new regis  | rered office address:   |
| Name of New Registered Agent   |   |
|  |   |
|  | (Florida street address)  |
| New Registered Office Address:   | , Florida   |
|  | (Chy) (Elp Coul)  |
|  |   |
| New Registered Agent's Signature, if changin   | ng Registered Agent:  |
| I hereby accept the appointment as registered a  | gent. I am familiar with and accept 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.

Frample:

| X Change                      | <u>PT</u>    | John Doe                 |                     |
|-------------------------------|--------------|--------------------------|---------------------|
| X Remove                      | ¥            | Mike Jones               |                     |
| X Add                         | <u>sv</u>    | Sally Smith              |                     |
| Type of Action<br>(Check One) | <u>Title</u> | Name                     | <u>Addres</u> s     |
| 1) Change                     | MGR          | ROBERTO J VALDES MIRANDA | 1825 SE 15TH PL     |
| Add                           |              |                          | CAPE CORAL FL 33990 |
| X Remove                      |              |                          |                     |
| 2) Change                     | MGR          | CELIA CAMPA              | 7423 BRISTOL CIR    |
| X Add                         |              |                          | NAPLES FL 34120     |
| Remove                        |              |                          |                     |
| 3) Change                     |              | _                        |                     |
| Add                           |              |                          |                     |
| Remove                        |              |                          |                     |
| 4) Change                     | <del></del>  |                          |                     |
| Add                           |              |                          |                     |
| Remove                        |              |                          |                     |
| 5) Change                     |              |                          |                     |
| Add                           |              |                          |                     |
| Remove                        |              |                          |                     |
| 6) Change                     | <u> </u>     |                          |                     |
| Add                           |              |                          |                     |
| Remove                        |              |                          |                     |

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

|   | 03/22/2018   |                           |
|---|--|---------------------------|
| The date of each amendment(s) date this document was signed.          | adoption:  | , if other than the       |
|   | 3/22/2018  |                           |
| Effective date <u>if applicable</u> :                                 | (no more than 90 days after amendment file date)   |                           |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this date Department of State's records.                                       | will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                           |
| ☐ The amendment(s) was/were a by the shareholders was/were            | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.   |                           |
|   | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): | t.                        |
| "The number of votes car  | st for the amendment(s) was/were sufficient for approval   |                           |
| by  | (voting group)   |                           |
|   | (voting group)   |                           |
| ☐ The amendment(s) was/were a action was not required.                | dopted by the board of directors without shareholder action and shareholder  |                           |
| The amendment(s) was/were a action was not required.                  | dopted by the incorporators without shareholder action and shareholder   |                           |
| 03/22/20  | 18   |                           |
| Dated   |  |                           |
| 8:  | Villey-  |                           |
| Signature (By a   | director, president or other officer – if directors or officers have not been  | <del></del>               |
|   | ted, by an incorporator - if in the hands of a receiver, trustee, or other court   |                           |
| арро  | inted fiduciary by that fiduciary)   |                           |
|   | MANUEL CAMPA   |                           |
|   | (Typed or printed name of person signing)  |                           |
|   | PRESIDENT  | _                         |
|   | (Title of person signing)  |                           |