## 2180000 14359

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Production with a	Purpose, Inc	
DOCUMENT NUMB	P18000014350		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	condence concerning this ma	atter to the following:	
1	Rachel Wall		
_		Name of Contact Person	n
ı	resalt, inc		
_	·	Firm/ Company	
:	5454 Marsala Lane		
_		Address	
J	lacksonville, FL 32244		
_		City/ State and Zip Cod	e
mobal	wall@littleflowerevents.com	_	
rachel.			/
	r-man address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Rachel Wall		765	618-7376
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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 Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address Idment Section Idment Sec	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Production with a Purpose, Inc.					
(Name)	of Corporation as curr	ently filed with the Florida Dept. of State)			
P18000014359					
	(Document Numb	er of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, t	his Florida Profit Corporation adopts the fo	llowing amen	idment	(s) to
A. If amending name, enter the new na	ame of the corporation	<u>:</u>			
			The	new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," i	ation," "company," or "incorporated" or or "Co". A professional corporation name on "P.A."	the abbrevic must contain	ution 1 the	
B. Enter new principal office address.			*>=		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )			æ) 	
				APR	
			<u>``</u>	—	<u> </u>
C. Enter new mailing address, if appl	icable:			~~	1
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			<u> </u>	C
			· Sale T	•••	
			**************************************	7	
		address in Florida, enter the name of the			
new registered agent and/or the ne	Rachel Wall	1655.			
Name of New Registered Agent	Rachel Wall				
	5454 Marsala Lane				
	(Florid	a street address)	<del>_</del>		
New Registered Office Address:	Jacksonville	. Florida	2244		
		(City)	(Zip Code)	<del></del>	
New Registered Agent's Signature, if c	hanging Registered Ar	<u>tent:</u>	*.*		
I hereby accept the appointment as regin	tered agent. I am famil	iar with and accept the obligations of the pos	ation.		
<	PNAOO	/			
	Signature of N	w Revistered Avent 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>	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PTD	Jason Wali	5454 Marsala Lane
Add			Jacksonville, FL 32244
X Remove			
2) Change	PT	Rachel Wall	5454 Marsala Lanc
X Add			Jacksonville, FL 32244
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
	**************************************	
		-
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
····		

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this determent of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment cient for approval.	(s)
	ved by the shareholders through voting groups. The following statem ich voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by	"	
•	(voling group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
()4/()2/2018 Dated		
Signature	ENALL	<u></u> _
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other coul fiduciary by that fiduciary)	
R	achel Wall	
_	(Typed or printed name of person signing)	
P	resident/Director	
•••	(Title of person signing)	