

Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN J3K PRODUCTIONS, INC.

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Division of C	Section Corporations		
NAME OF COR	PORATION: J3K PRODUCTIO	NS, INC.	
	DMBER: P18000072937		
DOCOME, 11 N	DIVIDER		
The enclosed Art.	cles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	FERNANDEZ, JUAN		
		Name of Contact Persor	1
	J3K PRODUCTIONS, INC.		
		Firm/ Company	
	6281 NW 201 STREET		
		Address	
	HIALEAH, FL 33015		
		City/ State and Zip Code	:
j	afernandez I 3@hotmail.com		
=	E-mail address: (to be us	ed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:	
FERNANDEZ, I	UAN	at (7941439
N	ame of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filling F	ce \$\Bigsiz \\$43.75 \text{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, F1, 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee 3. Monroe Street, Suite 810 ussee, Ft. 32303

Articles of Amendment

		to			
		Articles of Inco	prporation		
J3K PRODUCTIONS	S, INC.				
	(Name of Corpora	ation as currently	filed with the Florid	a Dept. of State)	
P18000072937					
	(Doc	ument Number of	Corporation (it known)	
Pursuant to the provisits Articles of Incorpo	ions of section 607,1006. Flor ration:	ida Statutes, this F	lurida Profit Corporal	tion adopts the follow	wing amendment(s) to
A. Hamending nam	e, enter the new name of the	corporation:			
CUEI3 EVENT SER	VICES, INC.				
mu, orta, ort	ishable and contain the word " the designation "Carp." "Ind tional association," or the abb	u. ur Coʻzl	mpany," or "incorpor professional corporat	ated or the abbrevious con	The new ation "Corp.," stain the word
B. Enter new princis	oal office address, if applicab	ole:			~>
(Principal office addr.	ess MUST BE A STREET AL	ODKESS)		· · · · · · · · · · · · · · · · · · ·	019 NO
					一
C. Enter new mailin	ig address, if applicable: MAY BE A POST OFFICE B	// W			
(manning address)	<u>PAT PEA FOST OF FICE B</u>	<u>(U</u> X)		**** 111-11	
					H: 50
			<u></u>		<u> </u>
D. If amending the r	egistered agent and/or regist	ered office addre	ss in Florida, enter th	e name of the	
new registered ag-	ent and/or the new registered	d office address:			
<u>Name of New</u>	Registered Agent				
		(Florida stree	(oddress)	····	_
<u>New Registers</u>	ed Office Address:			, Florida	
		Œ	in)	(7.i	p Code)
New Registered Agen	t's Signature, if changing Re	gistered Agent:			
l hereby accept the app	pointment as registered agent.	l um familiar wit	h and accept the obliga	ations of the position	т.
	sky	hature of New Reg	istered Agent, if chang	ing	

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, I = 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>	<u> Јонп Дос</u>	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check Onc)	<u>Title</u>	<u>Name</u>	Address
I) Change		-	
Add		`	
Remove			
2) Change			
			
Remove 3) Change			
Add			
, Remove			
4) Change			······································
Add			
Remove			
5) Change			• • •
Add			/ (#H + 1m
Кеточе			
6) Change			
			
Remove			VITE halyates main
		Page 2 of 4	
E. <u>If amending o</u> (Attach <i>additib</i>	r adding addition nat sheets, if neces	mal Articles, enter change(s) here: essary). (Be specific)	

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16				
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Note: If the dat document's effect	e inserted in this block tive date on the Depart	does not meet the nent of State's reco	applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Am	endment(s)	(CHECK ONE)
■ The amendme by the shareh	nt(s) was/were adopted olders was/were suffici	by the shareholder. at for approval.	s. The number of votes east for the amendment(s)
☐ The amendme must be separ	nt(s) was/were approve ately provided for each	by the shareholde voting group entiti	ers through voting groups. The following statement led to vote separately on the amendment(s):
"The nu	mber of votes cast for the	e umendment(s) w	as/were sufficient for approval
hy	· - · ،,		
		(voting group)	
☐ The amendme action was not	nt(s) was/were adopted required.	by the board of dire	ectors without shareholder action and shareholder
The amendme action was not	nt(s) was/were adopted required.	by the incorporator	s without shareholder action and shareholder
	11/26/2019 Dated	AS	
	(By a director selected, by	, president or othe in incorporator – if uciary by that fidu	r officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)
į	FER	NANOEZ, JUAN	
		(Typed or pri	nted name of person signing)
	PRE	SIDENT	
	Cline	of person signing)	