P180000 86424

(Requestor's Name) Jackyn Truman 18435 Sandridge Ct. Orlando, FL. 32817	200349706632			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/16/2001021024 *935.pg			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2020 (** : 10 Ph 1: 39			

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Articles of Amendment to Articles of Incorporation of

TruCrew Productions Inc.			
(Name of Corporation as cur	rently filed with the Florid	a Dept. of State)	" -
P18000086424			
(Document Num	ber of Corporation (if knows	1)	
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corpora	ation adopts the follow	ring amendment(s)
A. If amending name, enter the new name of the corporatio	<u>n:</u>		
FruAlchemy Productions Inc.			The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation" i	". A professional corpora	rated" or the abbrevia tion name must cont	tion "Corp"
3. Enter new principal office address, if applicable:			<u></u>
Principal office address <u>MUST BE A STREET ADDRESS</u>)			201
			<u> </u>
Enter new mailing address, if applicable:			70
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			- =
			
			$\omega_{\!\scriptscriptstyle \mathcal{F}}$
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade Name of New Registered Agent		he name of the	_
	da street address)		
ir toru	aa street adaress)		
New Registered Office Address:	(City)	, Florida	p Code)
	reny	12-4	р сілісу
lew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami		gations of the position	1.
Signature of N	ew Registered Agent, if char	wing	
Signature of re	сь педыены пуст, у спи	'5'''5	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice F Executive Officer; CFO = President, Treasurer, Dira Changes should be noted a change, Mike Jones lea Mike Jones, V. as Remove,	if necess fector title resident Chief Firector wor in the follows the co	irector be ary) e by the fir ; T= Trea nancial Oj uld be PTI llowing ma orporation	ing added: st letter of the offic surer; S= Secretary fficer. If an officer/o unner. Currently Jo Sally Smith is nan	e title: v: D= Director; TR= Tru director holds more than o ohn Doe is listed as the P	irector being removed and title, name, and astee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held. ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	2		
X Remove	V	Mike Jos	<u>nes</u>		
X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<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

	ling or adding add dditional sheets, if	necessary). (I	Be specific)				
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an ame	endment provides	for an exchang	<u>te, reclassifica</u>	tion, or cancella	ition of issued sl	iares,	
<u>tiť n</u>	ons for implement ot applicable, indi	ing the amenda icate N/4)	nent it not con	tained in the ar	<u>nendment itselt:</u>		
(9 //	и аррисион, ти	cuic 1021)					
			 				
							

	8/5/2020	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this ocument's effective date on the	block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as th
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	dder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The followin or each voting group entitled to vote separately on the amendmen	g statement t(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
8/5/2020		
Dated		
Signature	July M. Trumar	
(By a	director; president or other officer - if directors or officers have	not been
	ited, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	aner cour:
арро	inted inductary by that riductary)	
	Jaclyn Truman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	