PIACOCC 92167

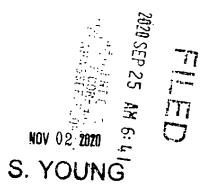
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: AMG ENTERTAINMENT INC.				
DOCUMENT NUMBER: P1900092167				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Aubrey Greeley Name of Contact Person N/A Firm/Company 3603 46th Ave. Dr. W. Address Bradenton, FL 34210 City/State and Zip Code breegree 29 @ 9mail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Aubrey Greeney at (941) 932-2837 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$\sqrt{\$35\ Filing Fee}\$ Certificate of Status Certified Copy (Additional Copy is enclosed) \$\sqrt{\$35\ Filing Fee}\$ Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment

to

Articles of Incorporation

of O	
AMG ENTERTAS	ENMENT INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P190000921	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: BREY PUBLISHING name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NIA
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	_[/1
New Registered Office Address: (Florida stree	t address) A, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	th and accept the obligations of the position.
NI	A 25 T
Signature of New Res	sistered Agent, if changing

Check if applicable

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

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.

Example: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change			MA	
Add				
Remove			11/1	
2) Change			1/1/7	
Add			1 (^	
Remove 3) Change			NA	
Add				
Remove				
4) Change			1/1/1	
Add				
Remove				
5) Change				
Add			,	
Remove			MA	
6) Change			11/	
Add			,	
Remove				

Attach additional si	ting additional Articles, enter change(s) here: neets, if necessary). (Be specific)	
		-
		
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- n		
-		
<u>provisions for imp</u>	ovides for an exchange, reclassification, or cancellation of iss ementing the amendment if not contained in the amendment	ued shares, itself:
(у погаррисав	le, indicate N/A)	
	(
··· <u>·</u>		
	— <u> </u>	

The date of each amendment(s) adop	tion:	NA	, it other than the
date this document was signed. Effective date if applicable:	09/32	12020	
meetive date <u>ii appikabie</u> .	(no more than 90 c	days after amendment	file date)
Note: If the date inserted in this bloc document's effective date on the Depar		ole statutory filing req	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte action was not required.	d by the incorporators, or boa	ard of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic		number of votes cast fo	or the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each			
"The number of votes cast for	the amendment(s) was/were	sufficient for approval	I
by	NA		
	(vðting group)		
Dated O	122/2020	}	
Signature	was arell	ey	
(By a direc	or, precident or other officer	- if directors or office	ers have not been
	y an incorporator – if in the h liduciary by that fiduciary)	nands of a receiver, tru	stee, or other court
	A UD TEY (-	reeley	
		_	
	PRESI		
	(Title of person signi	ពាទ្ធ)	