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COVER LETTER

Division of Corporations NAME OF CORPORATION: ____) JB Entertainent CORP. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:) ohn). Buitrago JJB FITTERTA; MENT CORP.

Firm/Company

10608 STVANNAH PLANTATION CT. SUITE 105

Address

ORlando, FL 32832

City/State and Zip Code jibsound@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

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: S35 Filing Fee S43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Cornoration as current	ly filed with the Florida Dept. of State 29 PM 3: 42
1)B ENTE	RTATMENT CORPRESENT OF STATE
(Document Number of	of Corporation (if known) IALLAHASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) (
A. If amending name, enter the new name of the corporation:	
JJB ENTERTAINMENT	CORP. 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 "P.A.	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	40.
D. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered AgentN/A	
Name of New Registerea Agent	
(12) million	reet address)
	reet warvss)
New Registered Office Address: N/A	(City) , Florida (Zip Code)
	(in Code)
New Registered Agent's Signature, if changing Registered Agent	1.
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New F	Registered 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)

Example:

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>	John Do	<u>c</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>nies</u>	
X Add	<u>sv</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		-
Add				
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6) Change		_		
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n amendment pro	vides for an exchange, rementing the amendment	if not contained it	the amondment i	tealfr	
(if not applicable,	indicate M/A)	n not contained of	tije amendinene i	tseii.	
(i) not applicable,	maicare (VA)				
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X//A				-	
X/A					-
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X/A					

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The date of each amendment(s) ac	leption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	i and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	ı
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 07/2	612021	
Signature	on S. Dutrago	
(By a di	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	JOHN J. BUSTRAGO	
	(Typed or printed name of person signing)	
	MGR	
	(Title of person signing)	