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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TEUNE PRODUCTION CORP				
NAME OF CORPORATION: JEVAC PRODUCTION CORP  DOCUMENT NUMBER: P2000060100				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Wilkens Jeune Name of Contact Person				
Jeune Production Cohp Firm/Company 20120 W. W 14th PL Address				
20/20 N.W 14th pt				
Miami F-6. 33/69  City/ State and Zip Code				
E-mail address: (to be used for fluture annual report notification)				
For further information concerning this matter, please call:				
Wilkens Jeune at (305) 495-3924  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:				
\$35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

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

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Jeune Productio.		
	filed with the Florida Dept. of State)	
f2000060/00		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	<i>lorida Profit Corporation</i> adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:	NA	The new
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."	ompany," or hincorporated" or the abbre professional corporation name must c	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10/4	
		1023
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
	·	<u> </u>
		ထ
D. If amending the registered agent and/or registered office addre	see in Florida, onter the name of the	ĊC.
new registered agent and/or the new registered office address:	/	
Name of New Registered Agent	N/A	
(Florida stree	21 address)	
New Registered Office Address:	MA., Florida_	
	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi		tíon.
Signature of New Reg	Agistered Agent, if changing	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example 1) (11) (example 2) (example	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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>ŞV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	CEQ	Wilkers Teure	20120 N.W 14th P. MIAMI FL. 33160
Add		y	MIAMI FL. 33169
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)	1
	10 (6	
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f an amendment provides for an exch provisions for implementing the ame	nge, reclassification, or cancellation	n of issued shares, dment itself:
(if not applicable, indicate N/A)	1///	
	////	<del></del>

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The date of each amendment(s) adoption:	8/10/2020	, if other than the
date this document was signed.		
Effective date if applicable:	N/A	
	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not med document's effective date on the Department of State		this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the incorpaction was not required.	porators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopted by the sharel by the shareholders was/were sufficient for approx		ndment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group		
"The number of votes east for the amendmen	nt(s) was/were sufficient for approval	
by <i>W/A</i>	oup)	
(voling gr	oup)	
Dated	<u>020</u>	
Signature Signature		
(By a director president of selected, by an incorporal appointed fiduciary by the	or other officer – if directors or officers have no tor – if in the hands of a receiver, trustee, or oth at fiduciary)	ot been her court
	Wilhers Jeine d or printed name of person signing)	
	EO	
(Title o	of person signing)	