P21 000008069

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04/20/21--01029--019 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PM ENTERTAINS	MENT CORP	***
	BER: P21600008069		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Ivette Ruiz		
		Name of Contact Person	1
	IR Professional Services Inc		
		Firm/ Company	
	2450 SW 137th Ave Suite 23	3	
		Address	
	Miami, FL 33175		
		City/ State and Zip Code	2
	ivette@irpservices.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	206-4495
Name	of Contact Person	ar (Area Coo	, de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

121000008069	1.11.12
(Name of Corporation as currently	filed with the Florida Dept. of State)
PM ENTERTAINMENT CORP	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_{i} its Articles of Incorporation:	Porida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	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."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stuting duaress STAT BE AT OST OFFICE DOA)	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	•
(Florida stree	t address)
New Registered Office Address:	, Florida
10	Tity) (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.
Signature of New Reg	istered 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: X Change	PT	John De	<u>ne</u>		
X Remove	<u>V</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally Sr	nith_		
Type of Action (Check One)	Title		<u>Name</u>		Address
I) X Change	P		MAYORJOXDJ CORP		
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove				-	
5) Change		_			
Add					
Remove				<u>-</u>	
6) Change		_			
Add					
Remove					

<u>f amending or add</u> Attach <i>additional sh</i>	eets, if necessary).	(Be specific)	·		
		 -			
					
				-	
					
					
				-	· <u></u> -
an amendment pi	covides for an excl	nange, reclassific	a <u>tion,</u> or cancellat	ion of issued shar	res,
provisi <u>ons for imp</u>	lementing the ame	endment if not co	ntained in the am	endment itself:	
(if not applicab	le, indicate N/A)				
_					
		·			
				P112-2	

•

The date of each amendment(s) ado	ption:	, if other than the
late 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 blocument's effective date on the Department.	ck does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes east for the amicient for approval.	endment(s)
	oved by the shareholders through voting groups. The following ich voting group entitled to vote separately on the amendment	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
orginiture	15/2021	
selected,	ctor, president or other officer – if directors or officers have in by an incorporator – if in the hands of a receiver, trustee, or of I fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	27
	(Typed or printed name of person signing) PHG Lat / Enther (Title of person signing)	/
_	(Title of person signing)	