## P21000048452

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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Orchard Drive Productions, INC. DOCUMENT NUMBER: P21000048452 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melissa West Name of Contact Person Firm/ Company 6524 Orchard Dr. N Address St. Petersburg, FL 33702 City/ State and Zip Code MWestfilm@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 813 ) 504-1214

Area Code & Daytime Telephone Number Melissa West Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filling Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

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

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

2021 JUN 14 AM 10: 57

SECRETARY PE Orchard Drive Productions, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P21000048452 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation; N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable; N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) \_\_, Florida\_\_ New Registered Office Address:  $t \in Hyr$ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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)

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Elayne Schmidt	3786 W Augusta Path
Add	<del></del>		Lecanto, Fl 3-1461
X Remove			
$\frac{X}{X}$ Change	D_	Melissa West	6524 Orchard Dr. N
Add			St. Petersburg, FL 33702
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<b>\</b>	
<u></u>	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate NA)	endment if not contained in the amendment itself:
•	
/A	
	·

	6/6/2021	, if other than the
The date of each amendment(s date this document was signed.		
	76/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after am	endment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory ( Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of director	ors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of vot e sufficient for approval.	tes east for the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting gro for each voting group emitted to vote separately	oups. The following statement on the amendment(s)
"The number of votes of	east for the amendment(s) was/were sufficient for	r approval
by	(voting group)	
٠		
Dated 1)U	ne 6,2021	
Signature	Milian West	
(By	a director, president or other officer - if director	rs or officers have not been
seb apţ	efted, by an incorporator - if in the hands of a resoluted fiduciary by that fiduciary)	ceiver, trustee, or other court
	Melissa West	
	(Typed or printed name of persor	n signing)
	Director	

(Title of person signing)