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CRETARY OF FLORIDA

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: MULTILOCK, INC. DOCUMENT NUMBER: P99000101432
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
M.E. DEPALMA Name of Contact Person MULTI LOCK, Inc. Firm/Company 2117 N.E. 17th TERRACE Address WILTON MANORS, FL. 33305 City/ State and Zip Code de DAL MAROR de PALMA-ENTONICISES COM
depalma @ depalma-Enterpt 1ses.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
M. E. DEPALMA at (954) 56.3-2/48 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 Certificate of Status Chuck # (Additional copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to

Articles of Incorporation of

FILED
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Multil	OCK, INC. SECTION BUSINES
(Name of Corporation as	currently filed with the Florida Dept. of State)
P9900	ØØ1Ø1432
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation;	ites, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpora	ntion:
FILMWORK PRO	ductions, INC. The new
name must be distinguishable and contain the word "co	prporation," "company," or "incorporated" or the abbreviation c, "or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2/17 N.E. 17th TERRACE
	_ WILTON MANORS
	FLORIDA, 33305
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2117 N.E. 17 TERRACE
	WILTON MANORS
	FLORIDA, 33305
 If amending the registered agent and/or registered office new registered agent and/or the new registered office 	
Name of New Registered Agent	
name of their regimered right	
	lorida street address)
New Registered Office Address:	Plantin
New Registered Office Address.	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I amf	
. , , , , , , , , , , , , , , , , , , ,	
	of New Ranistanad Agent if changing
Significan	or wave toutstards stant it enumerum

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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>e</u>					
X Remove	<u>V</u>	Mike Jo	nes					
X Add	<u>sv</u>	SV Sally Smith						
Type of Action (Check One)	<u>Title</u>		Name		Address			
1) Change		_	· · · · · · · · · · · · · · · · · · ·	-				
Add				-	·			
Remove								
2) Change		_		-				
Add				-	•••			
Remove								
3) Change		_		-				
Add				,				
Remove					<u>-</u>			
4) Change		_		-				
Add				-				
Remove								
5) Change		_		-				
Add				-				
Remove								
6) Change		_		_				
Add				-				
Remove								



Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	



The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5/9/2018	
Signature US Defalme	
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
M.E.DEPALMA (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	