	(Requestor's Name)
	(Address)
	(Address)
	(Ĉity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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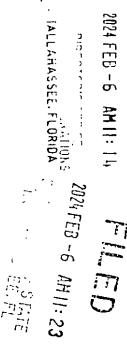


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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Restless Media Works INC
DOCUMENT NUMBER: P2 10000 73 547
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Lectless Media Words Inc Firm/ Company 3512 Little Va Ad It 278 Address Address Address Ciny State and Zip Code Cheetal Lestless. Media E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) b 10 9630 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Arti	cles of Incorporation
Restless Medin	A Works Irc FILED
(Name of Corporation a	s currently filed with the Florida Dept. of State)
12/000073547	- 2024 FEB - 6 AM 11: 23
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
NIA	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.,"
nc., or co., or the designation corp, the or "chartered," "professional association," or the abbreviati	"Co". A professional corporation name must contain the word ion "P.A."
• •	, ./ Λ
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>)	SS) ———————————————————————————————————
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
(Fibring bullets <u>1921) 192 / 1 / 2011 10 / 1</u>	——————————————————————————————————————
D. If amending the registered agent and/or registered of	office address in Florida, outpuths name of the
new registered agent and/or the new registered office	
Name of New Basistana Laure A / 1 N	
Name of New Registered Agent Name of New Registered Agent	
	(Florida street address)
•	Tiornal street dairess)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	
NIA	
Signature	of New Registered Agent, if changing
.ngmuure	ay regimered rigem, y emarging

Check if applicable

 \Box 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.

X Remove X Add SV Sally Smith Type of Action (Check One) 1) Change X Add Remove 2) Change MANAGEN MANAGE	
Type of Action (Check One) 1) Change	
(Check One) 1) Change	
1) Change AND	<u>Addres</u> s
Remove 2) Change	DANIEL Gibbs 3512 little Rd 4378 trainity, F174455
Add	len Davidos 3512 little red # 738 tority [1] 74655
Remove 3) Change	
Add Remove 4) Change Add	
Remove Change Add	
Remove 6) Change Add Remove	

(Attach	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	Y p
 	
	
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<u>.</u>	
<u>lf an ar</u> provis	nendment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself:
(if	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N(4)
	MIK
	

The date of each and date this document w	nendment(s) adoption: Yebraky 5, 2024 if other than the was signed.
Effective date <u>if ap</u> j	.P.,
<u></u>	(no more than 90 days after amendment file date)
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
Adoption of Amend	lment(s) (<u>CHECK ONE</u>)
The amendment(s	s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder quired.
	s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.
	s) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s):
"The numb	er of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	nted 2.5.24
Si	(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)
	Clin ton Cox (Typed or printed name of person signing)
	Managers (Title of person signing)