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STORES TO THE STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>ZAHAMA</u>	VILLAGE NU:	SIC PROBRAM.	INC.
DOCUMENT NUMBER: H020000	03190		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
DERRICK AND	FREDN		
((Name of Contact Perso	n)	
BAHAMA VILLAGE	MUSIC PRO	GRAM	
	(Firm/ Company)		
103 DIIVIA	- 5 T		
103 OLIVIA	(Address)		2023 SE
NEW DEST	F1. 33040	,	SECKET AS
KEY WEST	(City/ State and Zip Cod	le)	- <u> </u>
OFFICEBVAPA E-mail address: (to be used	W D 6 MA 12 for future annual report	notification)	第5 里
For further information concerning this matter, please	call:		2: 36 5. FL
			1
OERRICK ANDERSOM (Name of Contact Person)	at	786 372 - 43 rea Code) (Daytime Telep	hone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep	partment of State:	
☑ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassas FL 32314	Ameno Divisio The C	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ame of Corporation as currently filed with the Flo	USIC PFOC orida Dept. of State)	GPHN JAKO	
N 02000003190		· · · · · · · · · · · · · · · · · · ·	
(Document	Number of Corporat	ion (if known)	
rsuant to the provisions of section 617.1006, Florida sendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida</i>	Not For Profit Corpo	ration adopts the following
If amending name, enter the new name of the cor	rporation:		
N/A			The nev
me must be distinguishable and contain the word "co company" or "Co." may not be used in the name.	orporation" or "inco I	rporated" or the abbre	viation "Corp." or "Inc.'
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDI			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>u/A</u> 		
If amending the registered agent and/or registere	ed office address in	Florida, enter the nan	ne of the
new registered agent and/or the new registered o	ffice address:		<u> </u>
Name of New Registered Agent:			
New Registered Office Address:	·	(Florida street addre	ss) : C
· · · · · · · · · · · · · · · · · · ·			
	(City)	· 	, Florida O
w Registered Agent's Signature, if changing Regis	stered Agent:		m
ereby accept the appointment as registered agent. I		d accept the obligation	s of the position.

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add		_	STAPFHEY KAWAHA	926 1/2 VIRGINIA KEY WEST, F1 33040
X Remove				
2) Change Add		_		
Remove 3) Remove Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		-		ELIANDS E
Remove				
6) Change Add		_		FL 36
Remove				
E. If amending or addir (attach additional shee	ng addition ets, if nece	onal Artic essary).	cles, enter change(s) here: (Be specific)	
				

	
	
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The date of each amendment(s) adoption: $\frac{5/31/23}{}$, if other than the
date this document was signed.	
Effective date if applicable: 5/31/23	
(no more than 90 days after amendment file date)	
(and a subject of the subject of th	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The second secon	
The amendment(s) was/were adopted by the members and the number of votes cast for the am was/were sufficient for approval.	endment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $\frac{5/31/23}{2}$
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President

(Title of person signing)

2023 JUN 13 PH 2: 36
SECRELL BY SEE, FL