## N13000009929

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## **COVER LETTER**

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TO: Amendment Section

Division of Corporations SOL MAJOR MUSIC FOUNDATION, INC. NAME OF CORPORATION: N13000009929 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ELIZAGETH NARANJO ALBELO
(Name of Contact Person) (Firm/Company) CAPE CORAL, FL 33904
(City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person)

ELIZABETH NARAWJO

at (239) 6994421

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ∑ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

AWAKENING MUS					TION	/ NC 	<u> </u>
(Name of Corporation as currently				<u>te</u> )		, ,,,,,	
N 1300000	9929				20	15 JAN 16	PM 2: 50
(Docun	nent Number of Co	rporation (	(if knov		ę	ECCEIARY	OF STATE
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporatio	06 Florida Statute	s this <i>Fla</i>	rida Ne	ot For Profi	Corporat	AHASSE	E, FLORIC
amendment(s) to its Articles of Incorporation	n:	3, 11113 1 10			79		*
A. If amending name, enter the new nam	o of the gamponeti	on.			1.5101	, - 1	
		_		<b>&gt;</b> 0==	(4.4)		
name must be distinguishable and contain t	MUSIC	<u> FOU</u>	<u>LN.</u>	DH L	ON	<u> </u>	_The new
name must be aistinguisnable and contain to "Company" or "Co." may not be used in the		ion or i	ncorpo	raiea or in	e aporevia	uon Corp.	or inc.
	·		1/2				
B. Enter new principal office address, if (Principal office address MUST BE A STR	<u>applicable:</u> REET ADDRESS )	· <del></del>	//7	<u>,</u>	<del>.</del>		_
							_
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		638	°5	PRESI	DENT	IAL CI	_
(maining numers MAT DE ATOST OF	TREE DOX	.1414	<del></del>	101/		14L C) 3391	<del></del>
				104		<del></del>	
		FOR	TH	IYERS	FZ	3391	9
		-					_
D. If amending the registered agent and/ new registered agent and/or the new i			in Flo	rida, enter	the name o	of the	
	In						
Name of New Registered Agent:	74/71						
_							
New Registered Office Address:		(Florida stre	et addre:	rs)			
	N/0						
-	City)			<del>,</del>	Florida	·7: C :	
	(City)					(Zip Cod	e)
New Registered Agent's Signature, if cha					., .		
I hereby accept the appointment as register	ea agent. I am fai	miliar with	i and ac	ccept the ob	ugations o	the position.	ı
	· · · · · · · · · · · · · · · · · · ·						
	Signature of New	Registerea	l Agent,	, if changing	:		

Page 1 of 4

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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<del></del>		NA
Remove			
2) Change			N/A
Add			
Remove			
3) Change			
Add			
Remove			
4) Change Add			N/A
Remove			
5) Change		<del></del>	N/A
Add			
Remove			
6) Change			N/A
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	

The date of each amendment(s) date this document was signed.	adoption: JANUARY 19, 2015	, if other than the
Effective date <u>if applicable</u> :	JANUARY 1ST, 2015	
	(no more than 90 days after amendment file date)	*****
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.	)
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated	01/09/2015	
Signature	Chauf	
have not	nairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)	
Ë	LIZABETH NARANJO ALBELD	
	(Typed or printed name of person signing)	
	PRESIDENT	
<del>"                                    </del>	(Title of person signing)	