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| (City/State/Zip/Phone #)                |
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| (Business Entity Name)                  |
| (Document Number)                       |
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## COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION                        |   | adins Music Club INC  |                  |  |
|--|---|---|------------------|--|
|  | N   | 15000002228   |                  |  |
| DOCUMENT NUMBER:                           |   |   |                  | ·  |
| The enclosed Articles of Am                | endment and fee are subn                    | nitted for filing.  |                  |  |
| Please return all corresponde              | ence concerning this matter                 | r to the following:   |                  |  |
|  |   | Roberto J. Gonzalez   |                  |  |
|  | -   | (Name of Contact Per  | son)             |  |
|  |   | Paladins Music Clu  | ds               |  |
|  |   | (Firm/ Company)   |                  |  |
|  |   | 15735 SW 144th Stree  | et               |  |
|  |   | (Address)   |                  |  |
|  |   | Miami, FL 33196   |                  |  |
|  | (   | (City/ State and Zip C  | ode)             |  |
|  | rober                                       | togonzalez@dadescho   | ools.net         |  |
| 1:   | -mail address; (to be used                  | for future annual repo  | rt notificatio   | n)   |
| For further information conc               | erning this matter, please o                | :all:   |                  |  |
| Roberto J. Gonza                           | lez   | at  | (786)            | 201-2411   |
|  | (Name of Contact Person)                    |   |                  | (Daytime Telephone Number)   |
| Enclosed is a check for the fe             | Howing amount made pay                      | able to the Florida De  | epartment of     | State:   |
| S35 Filing Fee                             | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certit<br>Certit | 0 Filing Fee<br>leate of Status<br>led Copy<br>tional Copy is<br>osed) |
| Mailing A                                  |   |   | et Address       | in   |
| Amendment Section Division of Corporations |   | Amendment Section Division of Corporations                                  |                  |  |
| P.O. Box 6327                              |   | Cliñ  | on Building      |  |

2661 Executive Center Circle Tallahussee, FL 32301

## FILED

## Articles of Amendment to Articles of Incorporation of

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SECRETARY OF ERATE TABLAHADAL FECKUA

| Pa  | ladins Music Club          | TAULAHATATI (TERJUA)                      |
|---|----------------------------|---|
| (Name of Corporation as curr  | ently filed with the Flor  | ida Dept. of State)                       |
| NI  | 5000002228                 |   |
| (Document Nur   | nber of Corporation (if kr | nown)                                     |
| Pursuant to the provisions of section 617,1006, Florida State<br>amendment(s) to its Articles of Incorporation:     | utes, this Florida Not Fo  | r Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpor   | ation:                     |   |
| N/A   |                            | The new                                   |
| name must be distinguishable and contain the word "corpor<br>"Company" or "Co," may not be used in the name         | ration" or "incorporated   |   |
| B. Enter new principal office address, if applicable:<br>(Principal office address <u>MUST BE A STREET ADDRES</u> . | N/A<br><u>S</u> )          |   |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u> )                     | N/A                        |   |
| D. If amending the registered agent and/or registered of<br>new registered agent and/or the new registered office   |                            | enter the name of the                     |
| Name of New Registered Agent:   | N/A                        |   |
| New Registered Office Address:  | 1FTe                       | orida street address)                     |
|   |                            | , Florida                                 |
|   | (City)                     | (Zip Code)                                |
| New Registered Agent's Signature, if changing Registered thereby accept the appointment as registered agent—I am j  |                            | the obligations of the position           |
|   | Signature of New Registi   | ered Agent, if changing                   |

## 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 officer 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>V</u> <u>M</u> | hn Dog<br>ike Jones<br>dly Smith |   |
|----------------------------------|-------------------|----------------------------------|---|
| Type of Action<br>(Check One)    | <u>Title</u>      | <u>Name</u>                      | <u>Addres</u> s                         |
| 1) X Change                      |                   | Jamie Trotz                      | 15735 SW 144th Street                   |
| Add                              |                   |                                  | Miami, FL 33196                         |
| Remove                           |                   |                                  |   |
| 2) Change                        | Р                 | Elaine Reyes Fonseca             | 15735 SW 144th Street                   |
| XAdd                             |                   |                                  | Miami, FL 33196                         |
| Remove                           | Т                 | Julia Fernandez                  | 15725 CW 1444 C                         |
| 3 ) Change                       |                   | Julia Perhandez                  | 15735 SW 144th Street  Miami, F1, 33196 |
| Add<br>_X Remove                 |                   |                                  |   |
| 4) Change                        | т                 | Janet Nunez                      | 15735 SW 144th Street                   |
| X Add                            |                   |                                  | Miami, FL 33196                         |
| Remove                           |                   |                                  |   |
| 51 Change                        | <u>s</u>          | Cecilia Umana                    | 15735 SW 144th Street                   |
| Add                              |                   |                                  | Miami, FL 33196                         |
| XRemove                          |                   |                                  |   |
| 6) Change                        | S                 | Kimberly Colon                   | 15735 SW 144th Street                   |
| X Add                            |                   |                                  | Miani, FL 33196                         |
| Remove                           |                   |                                  |   |

| If amending or adding additional Arti<br>attach additional sheets, if necessary) | (Be specific) | <del></del> |               |              |          |   |
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|  |               | <b>3</b>    |               |              |          |   |
|  |               |             |               |              |          |   |

|  | N/A  |                           |
|--|--|---------------------------|
| The date of each amendment                             | (s) adoption:  | , if other than the       |
| date this document was signed                          | •  |                           |
|  | N/A  |                           |
| Effective date <u>if applicable</u> :                  | <u> </u>   | <del></del>               |
|  | (no more than 90 days after amendment file date)   |                           |
|  | is block does not meet the applicable statutory filing requirements, this date we<br>he Department of State's records.   | zill not be listed as the |
| Adoption of Amendment(s)                               | (CHECK ONE)  |                           |
| ■ The amendment(s) was/w<br>was/were sufficient for ap | ere adopted by the members and the number of votes east for the amendments oproval.  | 8)                        |
| ☐ There are no members or adopted by the board of o    | members entitled to vote on the amendment(s). The amendment(s) was/were firectors.   |                           |
| Dated  | /2017  |                           |
|  |  |                           |
| Signature -  | Lace /   |                           |
| (By the<br>have r                                      | chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | · ·                       |
|  | Roberto Gonzalez   |                           |
|  | (Typed or printed name of person signing)  |                           |
|  | Sponsor  |                           |
| <del></del>  | (Title of person signing)  |                           |