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(R	(equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	VERY, INC.			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mar	ter to the following:			
MARLA STEVENSON				
 	(Name of Contact Po	erson)		
DRUMS IN RECOVERY, INC.				
	(Firm/ Company	·)		
1418 BEAR LAKE ROAD				
	(Address)			
APOPKA FLORIDA 32703				
	(City/ State and Zip (Code)		, <u> </u>
SEMINOLEMUSICTOGETHER@GMAIL.COM				
E-mail address: (to be use	d for future annual rep	ort notification	n)	***
For further information concerning this matter, please	e call;			::
CARRIE BAILEY	01	407	341-2459	S
(Name of Contact Person	ı) at	(Area Code)	(Daytime Telepho	one Number)
Enclosed is a check for the following amount made p	ayable to the Florida I	Department of	State:	i (a
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is used)	i ,
Mailing Address Amendment Section Division of Corporations	An	eet Address lendment Sectivision of Corpo		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flori	da Dept. of State			
N/A				
(Document No	umber of Corporat	ion (if known)		
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida</i>	ı Not For Profit Corp	oration adopts the	e following
A. If amending name, enter the new name of the corpo	oration:			The new
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	ooration" or "inco	rporated" or the abbi	reviation "Corp."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A E SS)	.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		· · · · · · · · · · · · · · · · · · ·	
			<u>-</u>	_
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in	Florida, enter the na	me of the	1.7 1.7 1.4 1.4
N/A				
Name of New Registered Agent: (SVA		 -		
New Registered Office Address:		(Florida street addr	(PS K)	<u> </u>
		·	_, Florida	(T
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and	l accept the obligation	ns of the position.	
	Signature of Ne	v Registered 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 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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	V	LESLIE GIBSON	3222 CANTER CLUB TRAIL APOPKA FL 32712
× Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additions.	onal Articles, enter change(s) here: ssary). (Be specific)	
			
			

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The Ara Co. I	, N/z	١			
The date of each amendment(date this document was signed.	(8) adoption:				, if other than the
·-	N/A				
r.nective date <u>if applicable</u> :	(no m	ore than 90 days a	fter amendment file	: date)	
Note: If the date inserted in thi document's effective date on the	s block does not	meet the applicable			not be listed as the
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)			
The amendment(s) was/we was/were sufficient for app	ere adopted by the proval.	e members and the	number of votes c	ast for the amendment(s)	

Dated	08-14-2022
Signatur	marla cotteverson
Ç	(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)
	MARLA STEVENSON
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were