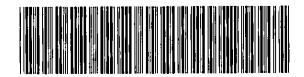
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<u>COVER LETTER</u>	
FO: Amendment Section Division of Corporations MUSIC AND AND AND	7
NAME OF CORPORATION: /A (/Ahasse Society Arms ART and M)	
DOCUMENT NUMBER:	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LADY DIRD A KEELS	_
(Name of Contact Person)	
	_
(Firm/ Company)	
349 APALACHET PHYLWAY	_
(Address)	
TALLAHASSEE FLORIVA 32311 (City/ State and Zip Code)	_
E-mail address: (to be used for future annual report hotification)	_
For further information concerning this matter, please call:	
(Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number)	_
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	
Amendment Section Amendment Section Division of Corporations Division of Corporations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

TAMAHASSEE ART	C AND MUSIC GOCIETY INC.
(Name of Corporation as currently filed with the Florida De	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	t, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on: CIC KIV ARK SOCIETY he new on" or "incorporated" or the abbreviation "Corp." or "Inc."
name must be distinguishable and contain the word "corporati" "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	349 Apaladuc Parkwaij Tallahassee ti 32311
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 20 FEB 27 PH 4: 39 020 PEB 27 PH 4: 39
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	e address in Florida, enter the name of the Idress:
Name of New Registered Agent:	2419 Apalache Parkway
New Registered Office Address:	(Florida street address) Tallaha ((Pe Florida 323)) (City) (Zip Code)
New Registered Agent's Signature, if changing Registered a large l	Agent:
Sig	nature of New 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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			20
Remove			
2) Change Add	.		100 1 200 1
Remove 3) Change Add Remove			20 F TT
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
		Page 2 of 4 ticles, enter change(s) here:	
(attach additional she	ets, if necessary).	(Be specific)	

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The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective data if applicables	FORMARY 2	7, ZOZO
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)	
Note: If the date inserted in this block does no	at meet the applicable statutory filing requirements	ents, this date will not be listed as the
document's effective date on the Department o	of State's records.	
Adoption of Amendment(s) (CF	HECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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 Trokijary 27,2020		
Signature		
(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)		
LADY BIRD A- KEELC		
(Typed or printed name of person signing)		
CEO		
(Title of person signing)		

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