N20000004430

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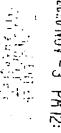
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TO: Amendment Section Division of Corporations

KIDS SING INC. NAME OF CORPORATION:
N20000004430
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AUDREY P COBURN
(Name of Contact Person)
KIDS SING INC.
(Firm/ Company)
3415 WEST LAKE MARY BLVD, UNIT 950108
(Address)
LAKE MARY, FLORIDA 32795
(City/ State and Zip Code)
KIDSINTODYNAMICSINGING@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AUDREY COBURN 407 330-8590
(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:
\$35 Filing Fee \$\times \$\text{\$43.75 Filing Fee & Certificate of Status}\$ Certificate of Status (Additional copy is enclosed) \$\times \$35 Filing Fee & Certificate of Status (Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

of

KIDS SING INC.

Name of Corporation as currently filed with the Florid	a Dept. of State)		
N20000004430			
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Florida No</i>	For Profit Corporation adopts the f	following
A. If amending name, enter the new name of the corpo	ration:		
N/A			The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorport	ated" or the abbreviation "Corp." of	r "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>~</u> /A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		da, enter the name of the	
Name of New Registered Agent:	V/AA		
	•		
New Registered Office Address:		(Florida street address)	
	(City)	Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	ed Agent: familiar with and acc	ept the obligations of the position.	2020 NOV
		_ • -	
	Signature of New Reg	gistered Agent, if changing	DE I
		· · · · · ·	

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>V</u> <u>Mik</u>	n Doc e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	AUDREY P. COBURN	3415 WEST LAKE MARY BLVD LAKE MARY, FL 32795
Remove			
2) Change Add	ADV	SHARON B. DOWNER	1259 E 80TH STREET BROOKLYN, NY 11236
X Remove 3 Change Add Remove	VP	ALVIN WILLIAMS	8971 S HOLLYBROOK BLVD UNIT 101 PEMBROKE PINES, FL 33025
4) Change Add	MBR	ALLMAN BARRETT	PO BOX 171 SMITHFIELD, VA 23430
Kemove			
5) Change Add	PROD	AFRICA JAMES	442 ELLIS SQUARE COURT SANFORD, FL 32771
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		rticles, enter change(s) here:). (Be specific)	
PLEASE NOTE ABO	VE TITLE:		
1). ADV = ADVISOR	FOR SHARON E	3. DOWNER	
2). MBR = MEMBER	FOR ALLMAN I	BARRETT	
3). PROD = PRODUC	ER FOR AFRICA	JAMES	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: APRIL 21, 2020 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK 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 October 31, 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)						
AUDREY P. COBURN						
(Typed or printed name of person signing)						
CEO/TREASURER						

(Title of person signing)