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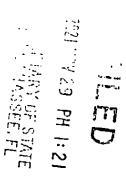
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Music Is Life.  NAME OF CORPORATION:	Inc.		
N21000001748			
DOCUMENT NUMBER:		<u> </u>	
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning the	s matter to the following	:	
Garry B. Louima, Esq.			
	(Name of Contact	t Person)	
First Step Legal Solutions, PLLC			
	(Firm/ Comp	any)	
7875 NW 57th Street, #25405			
	(Address	)	
Tamarac Florida, 33320			
	(City/ State and Z	ip Code)	<del></del>
Louima@FirstStepLS.com			
E-mail address: (to	oe used for future annual	report notification	n)
For further information concerning this matter,	please call:		
Garry B. Louima, Esq.		954 at	600-0651
(Name of Contact	Person)		(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Flori	da Department of	State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S		Certinopy is Certinopy (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		Street Address	

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 to Articles of Incorporation of

Music Is Life, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N21000001748 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature 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	<u>v</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	P	Traphouse ENT, LLC	15180 SOUTH RIVER DRIVE MIAMI, FL 33169
x Remove			
2) Change X Add	<u>P</u>	Latravis Mclean	15180 SOUTH RIVER DRIVE MIAMI, FL 33169
Remove 3) Remove Add Remove			
4) Change Add			
Remove			- Julian
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng addition ets, if neces	nal Articles, enter change(s) here: ssary). (Be specific)	
N/H		***	

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	<b>A</b>	
The date of each amendment(s) adoption date this document was signed.	:- <u>11-1- 2021</u>	, if other than the
Effective date if applicable:		
/ / / / / / / / / / / / / / / / / / /	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date wint of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s	)

Dated	11-10-2021
Signature	J.P.
(By t	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Latrais Melean
-	(Typed or printed name of person signing)

(Title of person signing)