N22000003782

(Requestor's Name)
(Address)
(Address)
(1.64.655)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900414310909

08/24/23--01010--006 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	MUSIC BRINGS H	OPE, INC.			
DOCUMENT NUMBER:	N22000003782				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Piease return all correspond	ence concerning this mat	er to the following:			
Thomas M. David					
		(Name of Contact Perso	on)		
		(Firm/ Company)			"
19075 Ridgedale Ave					
		(Address)			
Port Charlotte FL 33954					
		(City/ State and Zip Co	de)		
tom@tomdavid.com					
I	E-mail address: (to be use	d for future annual repor	I notification	1)	
For further information con-	cerning this matter, please	e call:			
Thomas M. David			05	491-1485	272
	(Name of Contact Persor	n) (A	vrea Code)	(Daytime Telepho	ne Number) C
Enclosed is a check for the	following amount made p	ayable to the Florida De _l	partment of	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status led Copy dional Copy is used)	
Mailing /	Address	Stree	t 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

N22000003782					
(Docum	nent Numb	er of Corporation	a (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida N</i>	kot For Profit Cor	poration adopts the	following
A. If amending name, enter the new name of the	e corporat	ion:			
					_The new
iame must be distinguishable and contain the word "Company" or "Co," may not be used in the name		tion" or "incorp	orated" or the abl	previation "Corp." (or "Inc."
B. Enter new principal office address, if applica	ble:	19075 Ridgeda	le Ave		
(Principal office address <u>MUST BE A STREET A</u>) Port Charlotte I	FL 33954		
C. Enter new mailing address, if applicable:					-
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	19075 Ridgeda	lle Ave		
		Port Charlotte F	FL 33954		
					-
D. If amending the registered agent and/or regi- new registered agent and/or the new register			orida, enter the n	ame of the	
Name of New Registered Agent:	Thomas N				::-
Name of New Registered Agem.	19075 Ric	dgedale Ave			-29
	(Florida street address)			_ - ·	
New Registered Office Address:					
	Port Char	lotte		Florida	
		(City)		(Ztp Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			accept the obligation	ons of the position.	r r
		Oh			
=	Si	gnature of New I	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 I Y Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>D</u>	Thomas M. David	Port Charlotte FL 33954
Remove			
2) K Change Add	D	Marcus A. Parsley	9762 DOOLITTLE ROAD JACKSONVILLE, FL 32246
Remove 3) Remove Add Remove			
4) Change Add	4-2		S1-03-10-5
Remove			
5) Change Add			
Remove			. 10
6) Change Add			
Remove			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	

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 8/17/23								
Signature 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)								
Thomas M. David								
(Typed or printed name of person signing)								
Director								

(Title of person signing)

2023 AUG 24 AN 9: 27