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TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:			
N24000000283			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Carolyn DiPaolo			
	(Name of Contact Pe	rson)	····
Stet News Inc.			
	(Firm/ Company)	
369 Churchill Rd			
	(Address)		
West Palm Beach, Fl. 33405			
	(City/ State and Zip C	Code)	· · · · · · · · · · · · · · · · · · ·
stetmediagroup@gmail.com			
E-mail address: (to be use	d for future annual rep	ort notification	n)
or further information concerning this matter, please	e call:		
Carolyn DiPaolo	at.	561	685-8384
(Name of Contact Person	at _ n)		(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida D	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		endment Secti	

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

Name of Corporation as currently filed with th	e Florida I	lent of State)	· · · · · · · · · · · · · · · · · · ·	
N24000000283	C I KA IGA I	repart of Ourte		
(Docur	nent Numb	er of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida No</i>	ot For Profit Corporation adopt	s the following
A. If amending name, enter the new name of th	e corporati	on:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam		·	rated" or the abbreviation "Cor	
B. Enter new principal office address, if applics Principal office address <u>MUST BE A STREET A</u>	ible: (<i>DDRESS</i>)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)			
			-	
 If amending the registered agent and/or registered agent and/or the new register 	stered office ed office a	e address in Floi idress:	rida, enter the name of the	
Name of New Registered Agent:	N/A			
	2 North B	reakers Row, Apa	rtment S25	
			(Florida street address)	• • • • • • • • • • • • • • • • • • • •
New Registered Office Address:				
	Palm Beac	:h 	, Florida	80
		(City)	(Zip Code,)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered u. Lam fan	Agent: niliar with and ac	cept the obligations of the positi	on.
-	Sig	gnature of New Re	gistered 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: XChange X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	MBR	Pat Beall	100 Wilson Rd West Palm Beach, FL 33406
x_ Remove			
2) Change Add	D	Pam Fine	129 S Golfview Rd Lake Worth Beach, FL 33460
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	-		:
Remove			<u> </u>
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
N/A			
<u></u>	·		

		
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The date of each amendment(s) ad date this document was signed.	option: N/A	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file do	nte)
Note: If the date inserted in this blod document's effective date on the Dep	ck does not meet the applicable statutory filing requi- partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east l.	for the amendment(s)

Dated	January 19, 2024
Signatu	re Carolyn DiParto
C	(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)
	Carolyn DiPaolo
	(Typed or printed name of person signing)

(Title of person signing)