| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
| t                       |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only

11,13,89



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11/12/09--01023--007 \*\*52.50

## **COVER LETTER**

TO: Amendment Section

| Division of C                          | orporations                                |  |  |
|--|--|--|--|
| NAME OF CORE                           | PORATION: S                                | MD, Inc  | ·  |
| DOCUMENT NU                            | mber: <u>P0300</u>                         | 00083383   |  |
| The enclosed Artic                     | les of Amendment and fee an                | re submitted for filing.   |  |
| Please return all co                   | orrespondence concerning this              | s matter to the following:   |  |
|  | Sersid                                     | Minuki   |  |
| •                                      | N  | ame of Contact Person  |  |
|  | SMO, Inc                                   | Firm/ Company  |  |
|  |  | Firm/ Company  |  |
|  | 1140 101st                                 | Stret Sle &  | 501  |
|  | Bay Hurbor 1                               | ly land, FL 33).  ty/ State and Zip Code  3 mai 1. com  I for future annual report notification) | 54   |
|  | ation concerning this matter,              |  |  |
|  |  | at (305) 949   |  |
| Name                                   | of Contact Person                          | Area Code & Daytime Tel  | ephone Number  |
| Enclosed is a checl                    | for the following amount m                 | ade payable to the Florida Depar   | tment of State:  |
| □ \$35 Filing Fee                      | \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                                | S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ac                             |  | Street Address   |  |
| Amendment Section                      |  | Amendment Section  |  |
| Division of Corporations P.O. Box 6327 |  | Division of Corporations Clifton Building  |  |
| Tallahassee                            |  | 2661 Executive Center Circl  | e  |
|  |  |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| •  | Articles of Incorporation      | 1   |
|--|--------------------------------|---|
|  | of                             | CHEL  |
| •  |                                | 2009 NOV 12 AM 2: 15                          |
| ' (Name of Corporation as curr   | ently filed with the Florida   | Dept. of State) SECOND 12 AM 2                |
| SMD, In  | < -A)300                       | XXX 3 3 3 3 5 7 15 15                         |
| (Document Nur  | mber of Corporation (if know   |   |
| rsuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:  | 06, Florida Statutes, this Fla | orida Profit Corporation adopts the following |
| If amending name, enter the new name o   | of the corporation:            |   |
| Palosanto Music  | Co                             | The new                                       |
| ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro | e designation "Corp," "Inc,    | " or "Co". A professional corporation         |
| Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>   |                                | <del>.</del>                                  |
|  |                                | -   |
| . Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI   | <del></del>                    |   |
|  |                                |   |
|  |                                |   |
| . If amending the registered agent and/or new registered agent and/or the new registered.  |                                | Florida, enter the name of the                |
|  |                                |   |
| Name of New Registered Agent:  | ·                              |   |
| New Registered Office Address:   | (Florida street ad             | ddress)                                       |
|  |                                | , Florida                                     |
|  | (City)                         | (Zip Code)                                    |
| ew Registered Agent's Signature, if changi   | ing Registered Agent:          | ·   |
| hereby accept the appointment as registered of   |                                | nd accept the obligations of the position.    |
|  |                                |   |
|  | Signature of New Registered    | Agent, if changing                            |

## removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

| <u>Title</u> | <u>Name</u>                     | <u>Address</u>  | Type of Action |
|--------------|---------------------------------|---|----------------|
|              |                                 |   | □ p            |
|              |                                 |   | ☐ Add          |
|              |                                 | <u> </u>  |                |
| (attach d    | additional sheets, if necessary | i). (Be specific)   |                |
|              |                                 |   |                |
|              |                                 |   | ····           |
| provis       |                                 | exchange, reclassification, or cancell<br>mendment if not contained in the am |                |
|              |                                 |   |                |
|              |                                 |   |                |
|              |                                 |   |                |

| i ne date of each amendmen            | ιης) adopnon: <u>/0/1/09</u>  |
|---------------------------------------|---|
| Effective date <u>if applicable</u> : | (date of adoption is required)  |
|                                       | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)              | (CHECK ONE)   |
|                                       | ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.  |
|                                       | ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes                  | cast for the amendment(s) was/were sufficient for approval  |
| by                                    | "   |
| •                                     | (voting group)  |
| action was not required.              | ere adopted by the board of directors without shareholder action and shareholder  |
| action was not required.              | ere adopted by the incorporators without shareholder action and shareholder   |
| Dated                                 | 10/1/09   |
| sel                                   | y a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|                                       | (Typed or printed name of person signing)   |
|                                       | (Typed or printed name of person signing)   |
|                                       |   |
|                                       | With 6  |
|                                       | (Title of person signing)   |