PDH000093117

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And Haron

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FAMILY MUSIC II, INC.	
DOCUMENT NUMBER: <u>P04000093117</u>	**************************************
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the f	ollowing:
Michael R Schreiner	
Name of Con	tact Person
Family Music II, Inc	
Firm/ Co	mpany
13605 SW 73 Terrace	
Addr	ess
Miami, FL 33183	
City/ State an	d Zip Code
platm@bellsouth.net E-mail address: (to be used for future) For further information concerning this matter, please call:	e annual report notification)
. or results mornanton concerning and matter, proced can	
	at (305) 256-1655
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	he Florida Department of State:
Certificate of Status Certific	Filing Fee & Certificate of Status onal copy is ed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FAMILY MUSIC II, INC. (Name of Corporation as currently filed with	the Florida Dept. of State)
P04000093117	
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 607.1006, Florida State amendment(s) to its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
The new name must be distinguishable and contain the word "abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.	Corp," "Inc," or "Co". A professional corporation
name must contain the word "chartered," "professional associ	ation," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:	7.5
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	\$ E
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ORIE
	\$ 10 K
	· .
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 ad	dress:
Name of New Registered Agent:	
(Flori	da street address)
Non-Positional Office All Local	The dide
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A	
l hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
Signature of New Registe	ered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be, Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)		<u>Name</u>		Address
1) <u>P</u>		Schreiner, Michael R		13605 SW 73 Terrace Mlami, FL 33183-3260 USA
2) <u>VP</u>		Schreiner, Donna S		13605 SW 73 Terrace
			•	Mlami, FL 33183-3260 USA
3) <u>T</u>		Schreiner, Stefan D		972 Drexel Avenue Clermont, FL 34711-6155 USA
4)		····	· 	
E\				
5)			 :	
6)			 .	
II REMOVIN	G an office	er and/or director, please list th	e title(s) and	name of the officer/director to be removed:
Title(s)	Name		Title(s)	Name
1)			4)	
2)			5)	

E. If amending or adding additional Articles, epter change(s) here: (attach additional sheets, if recessary). (Be specific)	Ē.	If amending or adding additional Artic	icles, enter change(s) here:
		(attach additional sheets, if necessary).	(Be specific)
		· · · · · · · · · · · · · · · · · · ·	
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provisions	ndment provides for an exchange, reclassification, or cancellation of issued shares, s for implementing the amendment if not contained in the amendment itself:
(if not	applicable, indicate N/A)
	
	ch amendment(s) adoption:
ne date of ea	cen amendment(s) adoption:
Mective date	if applicable:
	if applicable: (no more than 90 days after amendment file date)
dontion of A	mendment(s) (CHECK ONE)
dobiton of vi	(CHECK ONE)
The amendr	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
	eholders was/were sufficient for approval.
_	
	ment(s) was/were approved by the shareholders through voting groups. The following statement
must be sep	parately provided 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)
	(voting group)
l The emends	mont/s) was from adopted by the heard of directors without should be action and should be
	ment(s) was/were adopted by the board of directors without shareholder action and shareholder not required.
uction was i	iotioquitos.
The amendr	ment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was r	not required.
	Dated 11/16/2011
	111 1 0001
	Signature Muchelle Achilem
	(By a director, president or other officer – if directors or officers have not been
	selected, by an incorporator - if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	Michael R Schreiner
	(Typed or printed name of person signing)
	President
	(Title of person signing)