P090000000788

(Re	equestor's Name)			
. (Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL.		
(Bu	isiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
,				

Office Use Only



700290591397

09/27/16--01040--011 **43.75

THE CET OF COMPORATION

OCT - 4 2016

C LEWIS

September 22, 2016

VIA PRIORITY MAIL

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: ARTICLES OF AMENDMENT LINDO MUSICAL, INC.

Dear Sir/Madam:

Enclosed please find the original and one copy of the Articles of Amendment for LINDO MUSICAL, INC., together with a check in the amount of \$43.75, representing payment for the following expenses:

Filing Fee \$ 35.00 Certified Copy \$ 8.75

\$ 43.75

Please return the certified copy to this office at your earliest convenience.

If you should have any questions or require additional information, please do not hesitate to contact the undersigned.

Sincere

KAJ/ cc: Nakid M. Farhat

SEGRETARY OF STATE DIVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation

2016 SEP 27 PM 2: 20

(Name of Corporation as co	urrently filed with the Flo	lorida Dept. of State)
(Document Nu	mber of Corporation (if kn	nown)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	•	
A. If amending name, enter the new name of the corporat	ion;	
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrevi	," or "Co". A profession	
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 and registered agent and/or the new registered office a		ater the name of the
Name of New Registered Agent 14330 7 (Flo	TUSCUM POUT prida street address)	Trl, Naples, F. 34120
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		e 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	PT John D	<u>loe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	AMIAD XI FARILL	T 3780 GBAVENE
Add Remove			<u>Naples, FL</u> 34120
2) Change Add	P	NAKID M FARHAT	TH330 TUSCONY PONTE TRL,
Remove		,	NAPLES, FL 34120
3) Change			·
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			***
6) Change			
Add			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
 	
1 10 10 10 10 10 10 10 10 10 10 10 10 10	
	····
	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself;
(if not applicable, indicate N/A)	

	origitally of confidentian the
The date of each amendment(s) adoption: $\frac{7/23}{2014}$ date this document was signed.	2016 SEP 27 PM 2: 20
Effective date <u>if applicable</u> : (no more than 90 days aft	
(no more inan 90 aays ajid	er amenameni file aalej
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☑ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficien	nt for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without slaction was not required.	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharel action was not required.	nolder action and shareholder
Dated 9/21/20/6 Signature 14.M	
Signature M.M.	
(By a director, president or other officer – if dir	
selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
Wakid. M. Far (Typed or printed name of po	hat
(Typed or printed name of p	erson signing)
Over siden L	

(Title of person signing)