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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LUNAVERSE RE	CORDS INC		
DOCUMENT NUMB	ER: P13000018233			_
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
	LUIS MENDOZA			
-		Name of Contact Persor	1	
-		Firm/ Company	 	
	3400 Galt Ocean Dr #1008	, -		۴.
-		Address		
	Fort Lauderdale, FL 33308			<u> </u>
		City/ State and Zip Code	e	
	teszamarine@yahoo.com			
~	E-mail address: (to be us	sed for future annual report	notification)	11. 12. 13.16.
For further information	concerning this matter, pleas	se call:		
Christopher Mendoza		at (615	337-4847	
Name of Contact Person		Area Co	de & Daytime Telephone i	Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Sui Tallahassee, FL 32303		Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	810	

Articles of Amendment to Articles of Incorporation of

LUNAVERSE RECORDS INC

(Name of Corporation as curre	ently filed with the Flor	ida Dept. of State)
P13000018233		
(Document Number	er of Corporation (if know	wn)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corpo</i>	ration adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>	
LUNAVERSE INC		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	'. A professional corpo	porated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		****
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- -	
		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent and agent and agent and agent agen		r the name of the
(Florid	a street address)	<u> </u>
	•	251 - 6-1
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		bligations of the position.
Signature of Ne	w Registered Agent, if ch	anging
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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 = Chie 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>COO</u>	CHRISTOPHER MENDOZA	214 CORY AVE
Add			PRESCOTT, AZ 86303
Remove			
2) X Change	СМО	PHILLIP A MENDOZA	1400 BEECH GROVE WAY
Add			NASHVILLE, TN 37211
Remove 3) Change			
Add			
Remove			•
4) Change		_	·
Add			· - · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			——————————————————————————————————————
Add			n: 13
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary). ((Be specific)		
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n amendment provides for an exchan	nge, reclassification, or cancellation of issued shares,		
(if not applicable, indicate N/A)	iment if not contained in the amendment itself:		
(A control to the control of the con			
(J			
(y			
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(5		-	
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		-	

The date of each amendment(s) ado date this document was signed.	ption:	, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date	
Note: If the date inserted in this bloodocument's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	its, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes east for the an icient for approval.	nendment(s)
, .	wed by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendme	_
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by		•
	(voting group)	;
04/17/2024		
Dated 04/17/2024		
	1/10	
Signature		
	ctor, president or other officer if directors or officers have	
	by an incorporator – if in the hands of a receiver, trustee, or I fiduciary by that fiduciary)	other court
арроннес	inductary by that inductary)	
C	HRISTOPHER MENDOZA	
_	(Typed or printed name of person signing)	
C	00	
-	(Title of person signing)	
	. . .	