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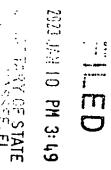
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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: _	FYAU Saltwater Media Group, Inc.				
DOCUMENT NUMBER:	P150000 2718U				
The enclosed Articles of Amendme					
Please return all correspondence co	oncerning this matter to the following:				
	Michael Smith Name of Contact Person				
	Name of Contact Person				
	FYAU Saltwater Media Group, Inc				
	Firm/ Company				
	56.3 NW Wavely Circle				
	Address				
	Part St Ware Fi 34683 City/ State and Zip Code				
	City/ State and Zip Code				
	contact o fishyourass off. com				
E-mail	address: (to be used for future annual report notification)				
For further information concerning	this matter, please call:				
Michael Smith	at (561) 334 2317 Area Code & Daytime Telephone Number				
Name of Contact Pe	erson Area Code & Daytime Telephone Number				
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:				
	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ficate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Sectorision of Corp	Amendment Section				

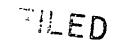
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation



2023 JEN 10 PM 3: 49

FYAO Saltwater Modia Group, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State), ARY OF STATE

(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this <i>Flo</i>	ridu Profit Corpora	tion adopts the following amendmen
A. If amending name, enter the new name of	f the corporation:		
NIA			The new
name must be distinguishable and contain the we "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc." or "Co". A pr		
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		N/A	
	-	*	
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE		NA	<u> </u>
	_	_	
If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered agent Name of New Registered Agent		in Florida, enter tl	he name of the
	(Florida street e	address)	
New Registered Office Address:			, Florida
	(Cii	99	(Zip Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered a	ng Registered Agent:	and accept the obli	vations of the position
nevery accept the appointment as registered a	gem. Tum jumatar wan	una accept the bong	cumon by the position.
	Signature of New Regis		 .

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, 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change	P	Linda Hahn	593 NW Waverly Cir.
Add			Port Stlucie FL 34983
X Remove	_	was a Cara	
2) X Change	<u>P</u>	Michael Smith	593 NW Woverly Cir.
Add			Port St. Lycie FL 34983
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)
N/A	
-	
	hange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y not approxime the first	
N/A	

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requiren partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	••	<i>y</i> 78.
Dy	(voting group)	
Signature(By a di	rector, president or other officer – if directors or officers hall, by an incorporator – if in the hands of a receiver, trustee,	
appoint	ed fiduciary by that fiduciary)	
	Michael Smith	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	