PISOUDIE II

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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AUG 2 0 2015

R. WHITE

TALLAHASSEE HARMING TO AM 5: 10



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2015

PASCUAL FAJARDO 530 E 4TH ST CHULUOTA, FL 32766

SUBJECT: DOING IT RECORDS, INCORPORATED

Ref. Number: P15000046891

We have received your document for DOING IT RECORDS, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 715A00016877

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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations						
NAME OF CORPORATION: Doing It Records, Inc. DOCUMENT NUMBER: P150000 46891						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Pascyal Fajardo Name of Contact Person Poing Jt Records, Inc. Firm/Company 530 E. 4th St. Address Chulusta, FL. 32766						
City/ State and Zip Code Prissyjr@hotmail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Prisceilla Fajardo at 407, 803-3450 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations						

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Articles of Inco of	rporation FILED
_ Doing It Record	s, TSTAIDCOMPONATED
(Name of Corporation as currently	filed with the Florida Dept. of State)
<u> </u>	TACEAUASSEE EL ODINA
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword" chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	530 E. 4th St.
(Principal office address MUST BE A STREET ADDRESS)	
	Chuluota, Fl. 32766
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	530 E. 4th St.
(manual marcas <u>mar be 71 011 101 101 101 1</u>	
	Chulusta, P. 32766
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	A
53D E.	YM St.
(Florida stree	t address)
New Registered Office Address: Chulco	Florida 32766
,	City) (Zip Code)
New Pariste 14 March 1971	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
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^ \	Δ
	Γ
Signature of New Reg	zistered 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 <math>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 Do	<u>oe</u>				
X Remove	<u>v</u>	Mike Jo	ones .				
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		Name			Address	
1) Change	P		Pasa	ual	Moyano	<u>530 ε. 4th St.</u> <u>Chuluota, Fl. 3276</u>	
Add					.5	Chuluota, Pl. 3276	6
Remove					_		
2) Change	P	_	Pasu	ual	Fajardo	530 E. 44 St. Chuluota, FC. 32761	
X_ Add					J	Chulusta, FC. 3276	9
Remove							
3) Change					·····		
Add							
Remove							
4) Change		_					
Add							
Remove						•	
5) Change		_					
Add							
Remove							
6) Change		_					
Add							
Remove							

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Currently the name of the President
Shows as Pascual Moyano. However,
that is incorrect. The president's
name is Pascual Faiardo.
Also, the address shows as:
530 East 4St
Chilliota, Fl. 32766
This is incorrect - it should show as
530 E. 4th St.
Chuluota, FL. 32766
This is the correct address for
everything (principal address, mailing
address registered agent address or
officer (director addresses).
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(date this document was signed.	s) adoption:	, 5	27	15	, if other than the
Effective date if applicable:		+	NIA	1	
Effective date it appricable:	(no more th	han 90 days after ar	mendment)	file date)	
Note: If the date inserted in the document's effective date on the	nis block does not meet the a e Department of State's record	applicable statutory ds.	filing requ	iirements, this dat	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. e sufficient for approval.	The number of vo	tes cast for	the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders I for each voting group entitle	s through voting groat to vote separately	oups. The j	following statement nendment(s):	nt
"The number of votes	east for the amendment(s) was	s/were sufficient for	approval		
by	(voting group)	<u> </u>		,	
	(voting group)				
☐ The amendment(s) was/were action was not required.	adopted by the board of direc	ctors without sharel	nolder actic	on and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators	without shareholde	er action an	d shareholder	
Dated	8 15 15	0	~		
Signature	<u> </u>	100	<u>(V)</u>	-,	
sele	a director, president or other ected, by an incorporator – if pointed fiduciary by that fiduc	in the hands of a red	rs or office ceiver, trus	rs have not been tee, or other court	
		calla nted name of person	Fa signing)	jardo	
)	. signing)		
	` (Т	itle of person signi	na)		