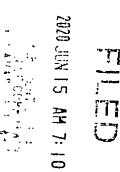
## P15000059990

Office Use Only



06/15/20--01038--016 \*\*35.00



JUL 10 2020 S. YOU'NG

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: STOP PARENTIN	IG ALONE MEDIA, INC.				
DOCUMENT NUMBER:	P15000059990					
The enclosed Articles of An		bmitted for filing.				
Please return all correspond	ence concerning this ma	atter to the following:				
LINA	ACOSTA SANDAAL					
<del> </del>		Name of Contact Persor	1			
STOI	STOP PARENTING ALONE MEDIA, INC.					
		Firm/ Company				
8055	Coral Way					
		Address				
MIAI	MI, FL 33155					
<del></del>	<u> </u>	City/ State and Zip Code	<del></del>			
TIFF	ANY@ACCOUNTING	TOSCALE.COM				
	-	sed for future annual report	notification)			
For further information cond			392-0788			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the f	ollowing amount made					
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
Amendme Division a		Amendment Section				
P.O. Box	f Corporations	Division of Corporations The Centre of Tallahassee				
	e, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

STOP PARENTING ALONE MEDIA, INC.

	ric.		
( <u>Name</u>	of Corporation as currently file	d with the Florida Dept. of State)	
P15000059990			
	(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flori</i>	da Profit Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co". A pro		
B. Enter new principal office address,	if annlicable:		20
(Principal office address MUST BE A S		-	
	_		
		, st.	
C - Parker and a - 10 and 4 days - 16 and 1	· k.l	ं <u>।</u> । । । ।	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			· F 5
		15.7	
			<u> </u>
	_		
D. If amending the registered agent ar new registered agent and/or the new		n Florida, enter the name of the	
Name of New Registered Agent	LINA ACOSTA SANDAAL		
nume of new negationed rigem	8055 CORAL WAY		
	(Florida street ad	dress)	<del></del>
New Registered Office Address:	MIAMI	Florida 33155	5
New registered Office nadices	(City)		'ıp Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familiar with a	nd accept the obligations of the positio	n.
<del></del> -	Signature of New Registe	ered Agent, if changing	
		3 y 3a	

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

attach additional sheets, if necessary). (Be spec	CUIC)
	* '
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
	•
f an amendment provides for an exchange, rec	lassification, or cancellation of issued shares.
provisions for implementing the amendment if	f not contained in the amendment itself:
(if not applicable, indicate N/A)	
11	
	<del>_</del>

•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
06/01/2020 Effective date if applicable:	
(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately 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)	
Dated <u>(1/2020)</u> Signature	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
LINA ACOSTA SANDAAL	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	

(Title of person signing)