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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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2021 OCT 18 PM 9: 12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Arm	o Belo, Inc.		
DOCUMENT NUMBER: P160000			
The enclosed Articles of Amendmen	t and fee are su	bmitted for filing.	
Please return all correspondence con	cerning this ma	atter to the following:	
Alex K. Wick	man		
	·	Name of Contact Person	n
Arno Belo, In-	c.		
		Firm/ Company	
P.O BOX 948	5	Time Company	
		Address	
Riviera Beach	, FL 33419		
· 		City/ State and Zip Code	2
ab@arnobelo.	com		
E-mail ac	ldress: (to be us	sed for future annual report	notification)
For further information concerning the Alex K. Wickman	nis matter, plea:		734-2356
Name of Contact Pers	ion.	at (800	de & Daytime Telephone Number
Enclosed is a check for the following			
	Filing Fee & ate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sectio Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 OCT 18 PM 9: 12

Arno Belo, Inc.	2021 OCT 10 PM 9: 12
	SECRETARY OF STARP IV filed with the Florida Dept. of State HASSEF FLORE
16000075036	Wines with the Horisa Dept. Verters HASSEE, FLUE
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation: Not Applicable	
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", 2 "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	Not Applicable
(Marie Maries Moor Br. 8 STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 9485
	Riviera Beach, FL 33419
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address Name of New Registered Agent Not Applicable	ress in Florida, enter the name of the
tFlorida str	ect address)
New Registered Office Address:	(City) , Florida (Zip Code)
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	i with and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing

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	PT	John Doe		/	
X Remove	$\underline{\mathbf{v}}$	Mike Jones		, V	
X Add	<u>sv</u>	Sally Smith	(
Type of Action (Check One)	Title	<u>Name</u>	\mathcal{L}	V)	Address
1) Change			(.	
Add			, \		
Remove					
2) Change					
Add			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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If an amendment provides	; for an exchange, reclassi	fication, or cancellation	of issued shares.	
provisions for implement	ing the amendment if not	fication, or cancellation contained in the amend	of issued shares, Iment itself:	
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	Not Applicable
•	The date of each amendment(s) adoption:
	October 1, 2021
	Effective date if applicable:
	(no more than 90 days after amendment file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
	Adoption of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
	☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
	☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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 Not Applicable "
	(voting group)
	October 1, 2021 Dated Signature (By a director, president or other officer – if directors or officers have not been
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Alex K. Wickman
	(Typed or printed name of person signing)
	President
	(Title of person signing)