P17000097081

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CAPE MUSIC INC. DOCUMENT NUMBER: P17000097081 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DIANA BLASCHZYK Name of Contact Person HILL & COMPANY, CPA, PA Firm/ Company 804 NICHOLAS PKWY EAST, STE 1 Address CAPE CORAL, FLORIDA 33990 City/ State and Zip Code DBLASCHZYK@HILLCOCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS W. HILL at (239) 549-2444
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

CAPE MUSIC INC.

(Name of Corporation as cu	urrently filed with the Florida Dept. 3834 atte 3 15 AM 7: 55
P17000097081	2016-21-11-1
(Document Nur	imber of Corporation (if known) INLLAND SUFF. FI
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp." "Inc," or "C "chartered," "professional association," or the abbreviation	The new ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)) N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	ce address in Florida, enter the name of the
Name of New Registered Agent N/A	
(Flor	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered in hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
Signature of 1	New Registered Agent, if changing
Thirds if applicable	

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)

Add

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 Mike Jones SVSally Smith <u>X</u> Add Address Type of Action <u>Title</u> Name. (Check One) 804 NICHOLAS PKWY E, STE 1 THOMAS W HILL **SECR** 1) ____ Change CAPE CORAL, FLORIDA 33990 ____ Add XXX Remove 2) ____ Change Add ____ Remove 3) Change ____ Add ____ Remove 4) ____ Change ____ Add Remove 5) ____ Change ___ Add __ Remove 6) ____ Change

Α	eets, if necessary). ((Be specific)			
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		7-7-11			
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	 _		7		
	ovides for an exchan	nge, reclassification, or	cancellation of issue	d shares.	
<u>II an amendment pr</u>	ementing the amend	ment if not contained	in the amendment it:	self:	
provisions for impl	La dividia de Allas				
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The date of each amendment(s) a	doption:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ite will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
★ The amendment(s) was/were acaction was not required.	lopted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment afficient for approval.	(s)
	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes eas	t for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
08/11/202	1	
Dated	Thomas W Hill	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	THOMAS W. HILL	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	-

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