P19000065939

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: FUNNYMUNNY	ENT INC.		
DOCUMENT NUM	BER: P19000065939			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	DANIEL F. RIVERA			
		Name of Contact Perso	n	
	FUNNYMUNNYENT INC.			
		Firm/ Company		
	200 E. ROBINSON STREET SUITE 1120-E14			
	Address			
	ORLANDO, FLORIDA 32839			
		City/ State and Zip Cod	e	
	FUNNYMUNNYENT@GMAIL.COM			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		1. See 1.
DANIEL F. RIVERA	\	at (310	283-8365	: 🖺
Name of Contact Person		Area Co	de & Daytime Telephone Nun	nber
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	=
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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)	nber Ci I
Mailing Address		Street	Address	
Amendment Section Division of Corporations			Iment Section on of Corporations	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation οf

P19000065939	rporation as currently	filed with the Florida Dept. of	State)
			state ,
Pursuant to the provisions of section 607.1006	(Document Number of	Corporation (if known)	
its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corporation adopts	the following amendment(s)
A. If amending name, enter the new name of	of the corporation:		
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or the	" "hic, " or "Co". A		
B. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF</u>)			2933
). If amending the registered agent and/or		ss in Florida, enter the name o	f the
new registered agent and/or the new reg Name of New Registered Agent DA	<u>istered office address:</u> NIEL F. RIVERA		- 1
 	E. ROBINSON STREE	T SUITE 1120 E-14	
	(Florida stre	t address)	
New Registered Office Address: ORI	LANDO	. Fle	orida 32839
	(1	(Yuy)	(Zip Code)

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CHRISTOPHER RIVERA	4530 S ORANGE BLOSSOM TR
Add			809
X Remove			ORLANDO, FL 32839
2) Change		·····	
Add			
Remove Change			
Add			
Remove			2173
4) Change			Y
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary). (Be specific)	
	<u> </u>
	
	
For amondance to an advantage of the control of the	- 13 T
f 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)	
	· · · · · · · · · · · · · · · · · · ·
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<u> </u>	

	9-1-2023	
The date of each amendment(s) ac	option:	, if other than th
fate this document was signed.		
9-1-1 Effective date <u>if applicable</u> :	2023	
mappineasse.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b locument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
9-1-2023		
Dated		
Signatur	2.	
	rector, president or other officer – if directors or officers have not been	_
	I, by an incorporator – if in the hands of a receiver, trustee, or other court	~3
appoint	ed fiduciary by that fiduciary)	<u> </u>
	Danier F. RIVERS	11. 17. SEW
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<u></u>