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R. WHITE JAN 0 4 2020

## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPORATION: MUSIC TALE PRO	ODUCTIONS INC	
DOCUMENT NUMBER: P19000077848		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
ALBA MARIA ESPIGARES	HERRERO	
	Name of Contact Persor	1
MUSIC TALE PRODUCTION	NS INC	
<del> </del>	Firm/ Company	
14715 MAHOGANY COUR	Т	
	Address	<del></del>
MIAMI LAKES, FLORIDA	33014	
	City/ State and Zip Code	2
BITAGHARES@GMAIL.COM		
9	ed for future annual report	notitication)
13-man address. (to be ds	ea for fatare annual report	ionitemon)
For further information concerning this matter, pleas	e call:	
ALBA MARIA ESPIGARES HERRERO	at (	_) 491-8819
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

MUSIC TALE PRODUCTIONS INC		2019 2000
( <u>Name c</u>	of Corporation as current	ly filed with the Florida Dept. of State) hill: 35
P19000077848		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A
D. If amending the registered agent an	nd/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	N/A	
	N/A	
	(Florida s	reet address)
	N/A	et. 11.
New Registered Office Address:		(City) Florida (Zip Code)
New Registered Agent's Signature, if e		
I hereby accept the appointment as regis-	tered agent Lam familiar ,	with and accept the obligations of the position.
	a/b	
	Signature of New	Registered 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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	YASSIEL BODE	14715 MAHOGANY COURT
Add			MIAMI LAKES, FLORIDA
X Remove			33014
2) Channa	V	alba maria espigares herr <b>£10</b> 0	14715 MAHOGANY COURT
2) Change X Add			MIAMI LAKES, FLORIDA
			33014
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<del></del>			
6) Change			
Add			
Remove			

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 NA)		ding or adding addition addition additional sheets, if neces	sary). (Be specific)			
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	/A					
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The date of each amendment(s) at date this document was signed.	ioption:	, it other than i
<del>_</del>	8/2019	
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	ppted by the shareholders. The number of votes cast for the an flicient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and	shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and share	eholder
11/18/2019		
Dated		
G:	4	
Signature A	irector, president or other officer - if directors or officers have	e not been
	d, by an incorporator – if in the hands of a receiver, trustee, or	
appoin	ted fiduciary by that fiduciary)	
	ALBA MARIA ESPIGARES HERRERO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>