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COVER LETTER

Division of Corporations NAME OF CORPORATION: INTERTWINE ENTERTAINMENT INC **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **TUSHA BROWN** Name of Contact Person TGSG ENTERPRISE INC Firm/ Company P O BOX 2535 Address RIVERVIEW, FL 33568 City/ State and Zip Code tgsgenterpriseinc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tusha Brown Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fce ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

FILTED	
2021 OCT 15 PH 12:57	

INTERTWINE ENTERTAINMENT INC 20 (Name of Corporation as currently filed with the Florida Dept. of State) Will OF The Corporation of the Corp

		SEED FINE
(Document Number	of Corporation (if known)	
1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendmen
ame of the corporation:		
		The new
Corp," "Inc," or "Co".	A professional corporation	" or the abbreviation "Corp.,"
	3005 TEGA CAY CT	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		-
	RIVERVIEW, FL 33578	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	RIVERVIEW, FL 33568	
		ame of the
N/A		
N/A		· · · · · · · · · · · · · · · · · · ·
(Florida :	rireet address)	
N/A		Florida N/A
	(City)	(Zip Code)
N/A N/A (Florida: N/A hanging Registered Age	rtreet address) (City)	, Florida(Zip Code)
Signature of New	Registered Agent if changing	
signature of New	Registered Agent, ij enunging	
	ame of the corporation: The word "corporation," Corp," "Inc," or "Co". To the abbreviation "P.A if applicable: TREET ADDRESS) icable: OFFICE BOX M/A N/A (Florida s N/A N/A hanging Registered Agentered agent. I am familian	icable: OFFICE BOX) The word "corporation," "company," or "incorporated Corp," "Inc," or "Co". A professional corporation or the abbreviation "P.A." 3005 TEGA CAY CT #6 RIVERVIEW, FL 33578 P O BOX 2535 RIVERVIEW, FL 33568 ad/or registered office address in Florida, enter the new registered office address: N/A (Florida street address) N/A

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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	COO	DEVONNE STOTS	
Add			
X Remove			
2) Change			
Add			<u> </u>
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
/A	
	
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If an amendment provides for an exch	lange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself;
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself;
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provisions for implementing the ame.	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

	OCTOBER 12,2021	
The date of each amendme	nt(s) adoption:	, if other than the
date this document was signed	;d.	
TOP AND ALAS OF SELECTION	OCTOBER 12, 2021	
Effective date if applicable	(no more than 90 days after amendment file	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	n this block does not meet the applicable statutory filing require the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without sh	areholder action and shareholder
• •	rere adopted by the shareholders. The number of votes cast for the were sufficient for approval.	e amendment(s)
	ere approved by the shareholders through voting groups. The folded for each voting group entitled to vote separately on the amen	
	es cast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
OCT	TOBER 12, 2021	
Dated		
Signature		
	By a director, president or other officer – if directors or officers is selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	
	TUSHA BROWN	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	CEO	
	(Title of person signing)	