P21000025005

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Move and Mend St	udios, Inc		
	1BER: P21000025005			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Patrick Lyman			
		Name of Contact Persor	1	
	Move and Mend Studios, Inc			
		Firm/ Company		
	8362 Dunham Station Dr	, ,		
		Address		20
	Tampa, FL 33647		· .)923 JAH 10
		City/ State and Zip Code	<u> </u>	78. 41.
		•		. 10
	cocoontampa@gmail.com			مداز
	E-mail address: (to be us	ed for future annual report	notification)	==
For further informat	ion concerning this matter, pleas	se call:		AH II: 05
Patrick Lyman		at (813	de & Daytime Telephone Number	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	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)	
A) Di	nailing Address mendment Section ivision of Corporations O. Box 6327	Amenc Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Move and Mend Studios, Inc.			
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P21000025005			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follo	owing amen	idment(s) to
A. If amending name, enter the new name of the corporation:			
		The	nesc
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	viation "Co	rp , "
D. Pater and advance if applicable	4105 S MacDill Ave		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Tampa, FL 33611		
		20	_
ZI B. A. W. Alley W. A. Barklar		. ننڌ يـــ	יני
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·		
	-	10	••
D. If amending the registered agent and/or registered office add	fress in Florida, enter the name of the	: 05	
new registered agent and/or the new registered office addres		Οi	
Name of New Registered Agent			
	-		
(Florida si	reet address)		
N. Davisson J. (200) and J. Harrison	, Florida		
New Registered Office Address:		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the posit	ion.	
Signature of New 1	Registered Agent, if changing		

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	PT	John Dog	
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	SD	Allison General	8362 Dunham Station Dr
Add			Tampa FL 33647
X Remove			
2) Change	SD	Daniel Feinman	1039 S Frankland Rd
XAdd			Tampa FL 33629
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
ì			

Attach additional sheets, if necessary). (Be specific)	
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<u> </u>	
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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)	
	,
	•
	•
	•

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_	2023	
	(no more than 90 days after amendment file date)	···
Note: If the date inserted in this be document's effective date on the Do	lock does not meet the applicable statutory filing requirements, this continued of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment fficient for approval.	(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
1/10/2023 Dated		
	tuik Lynn	
(By a di selected	rector, president or other officer—if directors or officers have not been l, by an incorporator—if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	n
	Patrick Lyman	
	(Typed or printed name of person signing)	
	President	
·	(Title of person signing)	