## P22000012223

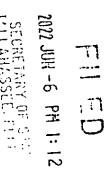
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## COVER LETTER

TO: Amendment Section

Division of Corporations

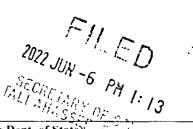
Tallahassee, FL 32314

NAME OF CORPORATION: CABANZO RECORDS INC DOCUMENT NUMBER: P22000012223 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARTHA DOBRICAN Name of Contact Person EMUNAH FUNDATION IN Firm/ Company 8608 W STATE RD 84 Address DAVIE FL 33324 City/ State and Zip Code mldocumentsmedia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 4982993
Area Code & Daytime Telephone Number SUSANA RIVAS RAMIREZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee S43.75 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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



CABANZO RECORDS INC

		<u> </u>
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State) - / / / /
P22000012223		·
	(Document Number	of Corporation (if known)
	(170cument (value))	or Corporation (it known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	Corp." "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address,	if applicable:	3436 FREEDOM DRIVE
(Principal office address MUST BE A STREET ADDRESS)		HOLLYWOOD FL 33021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3436 FREEDOM DRIVE
	<del></del>	HOLLYWOOD FL 33021
D. If amending the registered agent a	nd/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the ne	w registered office addre	<u>ss:</u>
Name of New Registered Agent	EMUNAH FUNDATIO	N INC
name of new regimerea Agent	8608 W STATE RD 84	
	(Florida s	street address)
New Registered Office Address:	DAVIE	
		(City) (Zip Code)
		(City)
New Registered Agent's Signature, if o	handing Domintoned Association	
		n.  with and accept the obligations of the position.
		, , , ,
	M Varttus Di	Registered Agent, if changing
	Signature of New	Registered Agent, if changing
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.

Example: 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>	Address
1) Change	Р	SUSANA RIVAS RAMIREZ	3436 FREEDOM DRIVE
X Add			HOLLYWOOD FL 33021
Remove			
2) Change		_	
Add			
X Remove 3.) Change	P	ELVERT CABANZO GOMEZ	818 JEFFERSON AVENUE MIAN
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attacl	additional sheets, if necessary). (Be specific)	
		_
		_
	<del></del>	
fan a orovi	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:	
(	not applicable, indicate N/A)	
•		

.

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date,	)
<b>Note:</b> If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	is, this date will not be listed as the
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 shareh	older 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 am fficient for approval.	endment(s)
	roved 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	
hy		
	(voting group)	
JUNE   201 Dated	2	
Signature	LOSACE EN JUL	,
selected	rector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, or ord fiduciary by that fiduciary)	
	ELVERT CABANZO GOMEZ	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	