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(Red	questor's Name)			
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PICK-UP	WAIT	MAIL		
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Special Instructions to Filing Officer:				
	J. HORNE			
<i>!</i>	AUG - 3 2022			

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SECRETARY OF STAR

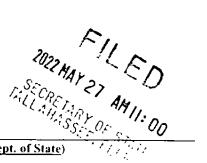
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: MUSONE INVES	TMENTS CORP	
	IBER: P22000016235		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	MUSONE, CLELIA		
		Name of Contact Person	1
	-	Firm/ Company	
	16639 SW 79TH TER		
	MIAMI, FL 33193	Address	
		City/ State and Zip Cod	e
	ALEX@SUAREZ-BASTER	.СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
MUSONE, CLELIA		at (885-9846
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee
Tallahassee, FL 32314		2415 N	J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



MUSONE INVESTMENTS CORP.

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amits Articles of Incorporation: A. If amending name, enter the new name of the corporation. The mame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "C". Inc.," or "Co.," or the designation "Corp," "Inc.," or "Co", A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent MUSONE, CLELIA	\mathcal{O}
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following ame is Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Clinc," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the chartered, "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent MUSONE, CLELIA 16639 SW 79TH TER (Florida street address) MIAMI New Registered Office Address: MIAMI (City) Florida 33193 (Zip Code)	1.17
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Signature of New Registered Agent, if changing	
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☐ 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	P		MUSONE, CLELIA	16639 SW 79TH TER
Add				MIAMI, FL 33193
Remove				
2) X Change	<u>VP</u>	<u> </u>	MEDINA, JUAN	6639 SW 79TH TER
Add				MIAMI, FL 33193
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exch provisions for implementing the amei	ange, reclassificat	ion, or cancellat	tion of issued s	hares,	
(if not applicable, indicate N/A)	tument if not cont	anteu in the am	enament itsen	<u> </u>	
	<u> </u>			_	
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	_			<u> </u>	
					

	05/18/2022	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	18/22	
Effective date <u>if applicable</u> :	(no more than 90 days after	
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutor Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of dire	ctors without shareholder action and shareholder
☐ The amendment(s) was/were at by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	votes cast for the amendment(s)
	oproved by the shareholders through voting reach voting group entitled to vote separate	
"The number of votes cas	t for the amendment(s) was/were sufficient	for approval
by		•
· · · · · · · · · · · · · · · · · · ·	(voting group)	
05/18/202 Dated Signature	The state of the s	
select	director president or other officer – if directed, by an incorporator – if in the hands of a noted fiduciary by that fiduciary)	
	MUSONE, CLELIA	
	(Typed or printed name of pers	on signing)
	PRESIDENT	
	(Title of person signing)	