## P2300016369

| (Requestor's Name)                      |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | RATION: MELODIC ENTER                       | RPRISES INC  |   |
|--|---|--|---|
| DOCUMENT NUME  | P23000016369                                |  |   |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.  |   |
| Please return all corres   | spondence concerning this ma                | tter to the following:   |   |
|  | BRANDON DULL                                |  |   |
|  |   | Name of Contact Persor   | <u> </u>  |
|  | MELODIC ENTERPRISES                         | INC  |   |
|  |   | Firm/ Company  |   |
|  | 2205 SE 24TH AVENUE                         | Рици Сопірану  |   |
|  | · · · · · · · · · · · · · · · · · · ·       | Address  |   |
|  | OCALA FL 34471                              |  |   |
|  | ·   | City/ State and Zip Code   | 2   |
|  | ME@BRANDONDULLMU                            | SIC.COM  |   |
|  | E-mail address: (to be us                   | ed for future annual report                                      | notification)   |
| For further information  | n concerning this matter, pleas             | se call:   |   |
| BRANDON DULL   |   | at (   | 581-2605<br>de & Daytime Telephone Number   |
| Name o   | of Contact Person                           | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check fo   | r the following amount made                 | payable to the Florida Depa                                      | ortment of State:   |
| \$35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S\$2.50 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<br>Divisio<br>The Co                                       | Address Inent Section In of Corporations Control of Tallahassee S. Monroe Street, Suite 810 |

Tallahassee, FL 32303

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## Articles of Amendment Articles of Incorporation of

| MELODIC ENTERPRISES INC   |   |
|---|---|
| (Name of Corporation as current P23000016369  | tly filed with the Florida Dept. of State)                      |
|   | of Corporation (if known)                                       |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   | TT.   |
| 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 contain the word           |
| B. Enter new principal office address, if applicable:   | 2205 SE 24TH AVENUE   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | OCALA FL 34471  |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 2205 SE 24TH AVENUE   |
|   | OCALA FL 34471  |
| D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address  Name of New Registered Agent                                    |   |
| /Florida st   | treet address)  |
| New Registered Office Address:  | , Florida (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  |   |
| Signature of New I  | Registered Agent, if changing                                   |
| Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)   | PH 3:   |

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> | Name        | <u>Addres</u> s  |
| 1) Change                  |              |             |  |
| Add                        |              |             |  |
| Remove                     |              |             |  |
| 2) Change                  |              |             |  |
| Add                        |              |             | <del></del>  |
| Remove 3 ) Change          | <b>W</b> -2  | <u></u>     |  |
| Add                        |              |             |  |
| Remove                     |              |             |  |
| 4) Change                  |              |             |  |
| Add                        |              |             |  |
| Remove                     |              |             |  |
| 5) Change                  |              |             |  |
| Add                        |              |             |  |
| Remove                     |              |             |  |
| 6) Change                  |              |             |  |
| Add                        |              |             | 17. T. S. C. |
| Remove                     |              |             |  |

| If amending or adding additional A<br>Attach additional sheets, if necessary,                       | ). (Be specific)      |   |   |                     |
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| an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A) | mendment if not conti | on, or cancellation of i<br>ained in the amendmer | ssued shares,<br>nt itself:             |                     |
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| The date of each amendment(s) date this document was signed.        | adoption:, if other than  |
|---|---|
| Effective date if applicable:                                       | (no more than 90 days after amendment file date)  |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing requirements, this date will not be listed as   |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |
| ■ The amendment(s) was/were a action was not required.              | dopted by the incorporators, or board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were a<br>by the shareholders was/were       | lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.  |
| ☐ The amendment(s) was/were a must be separately provided f         | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes ca   | st for the amendment(s) was/were sufficient for approval  |
| by  | (voting group)  |
|   | (voting group)  |
| Dated10/8/2   | 1   |
| Signature 8   | randon Dull   |
| (By a<br>selec  | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) |
|   | BRANDON DULL  |
|   | (Typed or printed name of person signing)   |
|   | PRESIDENT   |
|   | (Title of person signing)   |

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