P23000035118

(Requestor's Name)			
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(Business Entity Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Say It With Video.	INC				
	UMBER: P23000035118					
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.				
Please return all c	orrespondence concerning this ma	tter to the following:				
	LUZKARINA TOUMA SANCHEZ					
	Name of Contact Person					
	SAY IT WITH VIDEO					
	Firm/ Company					
	4800 S PINE ISLAND RD LOT 66					
	Address					
	DAVIE, FL 33328					
	City/ State and Zip Code					
	LUZKFOTO@GMAIL.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further inform	nation concerning this matter, pleas	so call:				
i or rarance amoun	action concerning this matter, preas	se can.				
LUZKARINA TO	DUMA SANCHEZ	at (465-6580			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	irtment of State:			
S35 Filing Fo	e □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

SAY IT WITH VIDEO, INC.	
(Name of Corporation as o	currently filed with the Florida Dept, of State)
P23000035118	
(Document Na	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
N/A	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," 'Co". A professional corporation name must contain the word n "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	<u></u>
	
	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	72
	1 ¹⁷⁷⁷
D 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office:	
N/A	
Name of New Registered Agent	
	lorida street address)
	•
New Registered Office Address:	, Florida (City) (Zip Code)
	(,
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	umutar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing
Check if applicable	
\square The amendment(s) is/are being filed pursuant to s. 607.01.	20 (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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ROCIO LOPEZ	18640 SW 17 CT
X Add			MIRAMAR, FL 33029
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			.
5) Change		-	
Add			
Remove			
6) Change			-
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
I NEED TO RE-DISTRIBUTE SHARES. PLEASE DISTRIBUTE 50 SHARES FOR LUZKARINA TOUMA SANCHEZ
AND 50 SHARES FOR ROCIO LOPEZ.
I WASN'T TO SURE TO WRITE THIS IN THIS SECTION OR SECTION F.
F. If 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) I NEED TO RE-DISTRIBUTE SHARES. IT SHOULD BE 50 SHARES FOR LUZKARINA TOUMA SANCHEZ AND
50 SHARES FOR ROCIO LOPEZ.
-

	JUNE 23, 2023	
The date of each amendment(s) and date this document was signed.	loption:	, if other than the
_	E 23, 2023	
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requir partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without s	chareholder action 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 flicient for approval.	he amendment(s)
	proved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amen	E-
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	2	
Signature(X	sharina Tourna Sandrey	
(By a di selecte	rector, president or other officer – if directors or officers I, by an incorporator – if in the hands of a receiver, truste ed fiduciary by that fiduciary)	
	LUZKARINA TOUMA SANCHEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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