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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: M.A.R RECORDS	CORP			
DOCUMENT NUM	1BER: P24000015448	-		_	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	ALBA R GLORSKY				
		Name of Contact Person	n		
	A&G ASSOCIATES OF THE PALM BEACHES INC				
		Firm/ Company			
	608 LUCERNE AVE				
		Address			
	LAKE WORTH BEACH FL	33460			
		City/ State and Zip Code	e		
	AGLORSKY@BELLSOUT	LNET		2024 DEC -3 SEGRETAR	na t
	E-mail address: (to be us	ed for future annual report	notification)	岩岩 号	ī :
For further informati	on concerning this matter, pleas	se call:		TARY OF STEEL OF	- Mag-1
ALBA R GLORSK	Y	561 at (588-0005	Fig. 5	~
Name	of Contact Person		de & Daytime Telephone N	lumber [11]	
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Ma	ailing Address	Street	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

M.A.R RECORDS CORP

M.A.R RECORDS CORP		
(Name of Corpor	ration as currently filed with the F	Torida Dept, of State)
<u>,</u>	cument Number of Corporation (if k	(nown)
Pursuant to the provisions of section 607.1006. Floits Articles of Incorporation:	•	•
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the ab	lnc," or "Co". A professional co	
B. Enter new principal office address, if applica		
Principal office address <u>MUST BE A STREET A</u>	<u>1DDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX0	
(Maining address MAT BE A POST OFFICE	<u> </u>	
		2
). If amending the registered agent and/or regi	istered office address in Florida, er	nter the name of the B
new registered agent and/or the new register		
ar car no contra		英数 ゆ う
Name of New Registered Agent		
		Fig. 701 - And File To The Control of the Control o
	(Florida street address)	105
V B 1 - 1000 - 111		() · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Circ)	, Florida (Zip Code)
	(Cuy)	(zq) Code)
<u>sew Registered Agent's Signature</u> , if changing I hereby accept the appointment as registered agen		bli di
nereas accept the appointment as registered agen	и. Тат затинат wил ана ассери не	e onigations of the position.
		
Si	ignature of New Registered Agent, if	changing
Theck 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; $V \cdot V$ ice President; T = T reasurer; S = S ecretary; D = D irector: TR = T rustee; C = C hairman or C lerk; CEO = C hief Executive Officer; CFO = C hief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, T reasurer, D irector 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	DT.	John Dan	
-	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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	VP	ARLIE, GONZALEZ-BALLADARI	5340 CANNON WAY
Add			WEST PALM BEACH, FL 33415
X Remove			
2) Change			
Add			. 12
Remove Change			2024-DE
Add			
Remove			70 P
4) Change			E 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Add			111
Remove			
51 Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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			-	
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	<u> </u>			
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		E C	- <u>F</u>	
		<u> </u>	2021 DEC	.,
f an amandment provides for an exch	ange, reclassification, or cancellation of issued shares,	25	ြင်	•
provisions for implementing the amer	ange, reclassification, or cancenation of issued shares, adment if not contained in the amendment itself:	<u> </u>	دی	:
(if not applicable, indicate N/A)		公司	PH	
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The date of each amendment(s date this document was signed.	adoption:	, if other than the
· ·	NOVEMBER 21,2024	
Effective date <u>if applicable</u> :	VO V EWIDER 21,2024	
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing re Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast as sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the d	
"The number of votes o	ast for the amendment(s) was/were sufficient for approv	al
by		
, <u> </u>	(voting group)	
NOVEM Dated	1BER 21,2024 ———————————————————————————————————	
(By sele	a director, president or other officer – if directors or officeted, by an incorporator – if in the hands of a receiver, trointed fiduciary by that fiduciary)	
	ROSALES A MARK	
	(Typed or printed name of person signing) s 2
	PRESIDENT	OZU DEC FCRET
	(Title of person signing)	TARY OF STATE AHASSEELFI