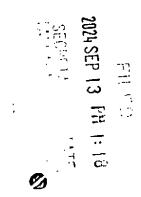


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.

NAME OF CORPO	PRATION: DDODLE ENTER	RTAINMENT, INC	
DOCUMENT NUM	P24000034647		
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	MIKE PATEL		
		Name of Contact Person	11
		Firm/ Company	-
	391 NW 39TH RD #103		
	GAINSVILLE FL 32607	Address	
		City/ State and Zip Cod	e
	MIKEMONA1999@GMAIL	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MIKE PATEL		229 at (	726-8495
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Street Address 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 $\mathbf{of}$

to

DOODLE ENTERTAINMENT INC					
<del>-</del>	ration <u>as currently f</u>	iled with the Florida Dep	. of State)		
P2400034647		/** /***			
·		orporation (if known)			
Pursuant to the provisions of section 607,1006, Flo its Articles of Incorporation:	orida Statutes, this <i>Fla</i>	orida Profit Corporation ac	lopts the follo	wing am	endment(s
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," "Inchartered," "professional association," or the ab	nc," or "Co". A p	npany," or "incorporated" rofessional corporation n	or the abbrev ame must co	iation "C ntain the	Corp.," word
B. Enter new principal office address, if applica	<u>able:</u>	·			
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS )				
				<del>-</del>	
			·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )				
			<del></del> -	2 Z	
	-			71.	<del></del>
			<u></u>	<del>- M</del>	<del></del>
D. If amending the registered agent and/or regi		s in Florida, enter the nar	ne of the	: <del>-</del> -	FILED
new registered agent and/or the new register	red office address:		•	<u></u>	 
Name of New Registered Agent		<u></u> .	<del></del>	— <u>=</u>	
			÷.	• • •	
	(Florida street	address)	<b>9</b>	—α	
New_Registered Office Address:			, Florida		
	(Ci	ľy)		Zip Code)	<del></del>
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		and accept the obligation	s of the positi	on.	
	,	,	, ,		
Si	ignature of New Regi	stered 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)

Example:

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.

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>	<u>Addres</u> s
1) Change	P	TIMOTHY SCHAFER	172 ORANGE HARBOR DR
Add			FORT MYERS, FLORIDA 33903
xx Remove	P/T	MIKE PATEL	391 NW 39TH RD #103
2) Change		- MIND PATEL	GAINESVILLE, FL 32607
Add			GAINES VILLE, FL 32007
Remove 3 ) Change	VP	TIMOTHY SCHAFER	172 ORANGE HARBOR DR
XX_Add			FORT MYERS, FLORIDA 33905
Remove			
4) Change			_
Add			
Remove			
51 Change		_	<del>-</del> -
Add			<del> </del>
Remove			
6) Change			
Add			
Damasa			

ашен инаниота м	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)					
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an amenument p	lementing the anu	endment if not con	tained in the amer	ndment itself:	<u>3,</u>	
tit not applical	ble, indicate N/A)	, maniem ii iiov con	THE STATE OF THE S			
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	SEPTEMEBR 6, 2024
The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	
	(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 the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
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 by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for 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)
SEPTEN Dated	1BER 6, 2024
Signature 4	fre
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	TIMOTHY SCHAFER
	(Typed or printed name of person signing)
	VICE-PRESIDENT
	(Title of person signing)