P24000036813

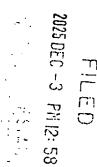
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: RADIO FESTIVA	AL ONLINE INC		
DOCUMENT NU	D24000036813			
The enclosed Artic	cles of Amendment and fee are su	ibmitted for filing.		
Please return all co	orrespondence concerning this ma	atter to the following:		
	NOE GOMEZ			
		Name of Contact Person	1	
	RADIO FESTIVAL ONLINE INC			
		Firm/ Company		
	900 VIRGINIA AVE, STE I	6		
		Address		
	FORT PIERCE, FL 34982			
		City/ State and Zip Code	e	
	ADMIN@RADIOFESTIVA	LONLINE.COM		
	E-mail address: (to be u	sed for future annual report	notification)	
For further inform	ation concerning this matter, plea	se call:		
NOE GOMEZ		772 at (979-5716	
Na	me of Contact Person		de & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	2 □ \$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		Amend Divisio The C 2415 (Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment Articles of Incorporation

FILED

D A	DIO	FESTIV	/ A T	OM	IMIC	INC
КΑ	13103	10000	AL.	UNI	LINE	INL

2025 DEC 2 D

	2023 UEU - 3 PM 12: 58	
(Name of Corporation as currently	y filed with the Florida Deptof State)	
24000036813	A CANADA PARE	
(Document Number of	f Corporation (if known)	
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen	
If amending name, enter the new name of the corporation:		
	The new	
me must be distinguishable and contain the word "corporation," "c nc.," or Co.," or the designation "Corp," "Inc," or "Co". A hartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word	
Enter new principal office address, if applicable:	900 VIRGINIA AVE, SUITE 16	
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	FORT PIERCE. FL 34982	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
Name of New Registered Agent		
Name of New Registered Agent		
	vet address)	
	eet address)	

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)

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change	VP	ROSALILIA GOMEZ	900 VIRGINIA AVE, STE 16
X Add			FORT PIERCE, FL 34982
Remove			
2) Change	VP	IRMA CABRIALES	7703 NORTH BLVD
Add			FORT PIERCE, FL 34951
X Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	2222
	
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<u> </u>	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

•	11/22/2024	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
11/:	22/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shareholder actic	on and shareholder
☐ The amendment(s) was/were adby the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	5)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	;*	
•	(voting group)	
11/22/202∙ Dated Signature <u></u>	Ha Homes	
(By a c	lirector, 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 counted fiduciary by that fiduciary)	t
	NOE GOMEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	