724000057280

(Requestor's Name)	
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	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
(Business Entity Name)	
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Certified Copies	Certificates of S	Status
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Consist Instructions to 5	Tilles Officer	
Special Instructions to F	-ling Officer;	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: KHAOTIC TV, IN	C		_		
	1BER: P24000057280			_		
	es of Amendment and fee are su	hmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	Rubin McFadden					
	· · · · · ·	Name of Contact Person	n			
	Khaotic Tv, Inc.					
		Firm/ Company				
	510 NW 17th Street					
		Address				
	Miami, FL 33136					
		City/ State and Zip Cod	e e			
	khaotic305@gmail.com			- (A)	202	
	E-mail address: (to be us	sed for future annual report	notification)	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ')O 1	سي مدن د
For further informati	on concerning this matter, plea	se call:	notification)		ا ئ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Rubin McFadden		at (305		:	PH 5	سيدم سيدم
Name	e of Contact Person	Area Co	de & Daytime Telephone N	umber, 5	0:	
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment of State:	r-1	7	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
	nendment Section		Iment Section			

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

KHAOTIC TV, INC.		
(Name of Corporation	on as currently filed with the Florida Dept. of State)	
P24000057280		
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
		The new
	rporation," "company," or "incorporated" or the abbreviatio ' or "Co". A professional corporation name must contain viation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
	(2)	20
	<u> </u>	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Vi	
(Mailing address MAT BE A FOST OFFICE BO.	<u> </u>	w I
	. · · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		: 07
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
	(City) (Zip C	iode)
New Registered Agent's Signature, if changing Regi	istored Agents	
	Stered Agent. I am familiar with and accept the obligations of the position.	
Signa	ture of New Registered 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)

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:	DT	Labor Da	
X Change	<u>PT</u>	John Doc	
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) X Change	CEO	Rubin McFadden	510 NW 17th Street
Add			Miami, FL 33136
Remove			
2) Change			
Add			·
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

	nch additional sheets, if necessary). (Be specific) tly Rubin McFadden is listed as President.
There	s a change, Rubin McFadden new title will be CEO.
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
F. If a	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	exisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(date this document was signed.	s) adoption:	, if other than the
<u> </u>	10/3/2024	
, <u></u>	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, e Department of State's records.	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 sharehol	der action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the americ sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of by N/A	east for the amendment(s) was/were sufficient for approval	
oy	(voting group)	
	Jav Wandbey. a director, president or other officer – if directors or officers have no	
	ected, by an incorporator – if in the hands of a receiver, trustee, or otherinted fiduciary by that fiduciary)	her court
	Rubin McFadden	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	