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ALLAHASSEE, FLORI

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## **COVER LETTER**

Division of Corpo	orations				
NAME OF CORPOR	RATION: <i>FINE TU</i> BER: <u>P990000</u> 0	NE ENTER 07553	PRISÉS INC.		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	ELVIS D	1AZ	. <u></u>		
		Name of Contact Person			
	FINE TUNE		ISES INC.		
		Firm/ Company	~ F		
633 WEST LANCASTER RD					
	Address				
	ORLANDO, F	City/ State and Zip Code	2		
FINE TUNE 3 ENT @ GMAIL. COM  E-mail address: (to be used for future annual report notification)					
For further informatio	n concerning this matter, pleas	se call:			
ELVIS	DIAZ	_at (984	224-4626 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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		
	endment Section ision of Corporations	Amendment Section Division of Corporations			
	. Box 6327	The Centre of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

## Articles of Amendment

FINE TUNE ENTER PRISES IN C.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

name must be distinguishable and contain the word "corporation," "comparent." or Co" or the designation "Corp." "Inc." or "Co". A profunction "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	fessional corporation name must contain the word
(Principal office address MUST BE A STREET ADDRESS)   C. Enter new mailing address, if applicable:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  ———————————————————————————————————	
<del></del> -	- <u></u>
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent	
(Florida street ad	ldress)
New Registered Office Address: (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the position.

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 I	<u>)0c</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	NATAYA DAVIS	633 WEST
X Add			LANCASTER RD
Remove			ORLANdo, FL 32809
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change		<u></u>	
Add			
Remove			
6) Change			
Add			
Remove			<u></u>

Aunci	h <i>additional si</i>	ling additional heets, if necessa	ry). (Be spec	ific)	_		
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fan a	<u>amendment p</u> isions for imp	rovides for an olementing the	exchange, recl	assification, or	cancellation of	fissued shares,	
<u> </u>	if not applical	ble, indicate N/A	)	nor contained	m the amenum	ent itsen.	
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The date of each amendment(s) adoption:	, if other than the
Proceeding data if applicables	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholde action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)	tatement :
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
Dated 08-25-2023	
Dated	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	been or court
ELVIS DIAZ	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	