P21000031017

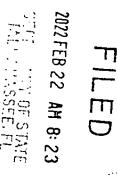
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C. BRUMBLEY MAR - 1 2022

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: INFUSZION ENTERTAIMENT, CORP DOCUMENT NUMBER: P21000031017 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALFREDO FLORES Name of Contact Person Firm/ Company 1233 AMBER MORGAN DR Address EL PASO, TX 79936 City/ State and Zip Code ALFREDOF24MR@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NATALIA SABBAGH Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

INFUSZION ENTERTAIMENT, CORP

INFOSZION CINTERTAIMENT, CORF			
(Name of Corporation as cur	rrently filed with the Florida l	Dept, of State)	
P21000031017			_
(Document Nurr	nber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation	m adopts the following ame	andment(s) (
A. If amending name, enter the new name of the corporation	on:		
INFUSZION ENTERTAINMENT, CORP		The	new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp." "Inc." or "Co "chartered," "professional association," or the abbreviation "	o". A professional corporatio	ted" or the abbreviation "Co	orp. "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent		SELL HASSES AT 8: 23 name of the	
	ida street address)		
	au sireer addressy		
New Registered Office Address:	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam. Signature of N	Neent: iliar with and accept the obliga view Registered Agent, if changin		
Check if applicable The appendment(c) is/are being filed pursuant to c. 607.0120	(11) (a) E S		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	(11)(c), r.5.		

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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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nendment provides for an exc	hange, reclassifica	tion, or cancellat	ion of issued shares	د
ions for implementing the ame "not applicable, indicate N/4)	indment if not con	tained in the am	endment itself:	
-1.				
			100	
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			-	
	mendment provides for an exc sions for implementing the ame f not applicable, indicate N/A)	ions for implementing the amendment if not cor	ions for implementing the amendment if not contained in the am	mendment provides for an exchange, reclassification, or cancellation of issued shares ions for implementing the amendment if not contained in the amendment itself: (not applicable, indicate N/A)

	02/17/2022	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
() Effective date <u>if applicable</u> :	2/17/2022	
mappicane.	(no more than 90 days after amendment file	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ements, 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 sh	nareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The folfor each voting group entitled to vote separately on the amen	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
0)	(voting group)	
02/17/20	ر ر	
Dated	<u> </u>	
Signature <u> </u>	Alcredo Flores.	
selec	director, president or other officer – if directors or officers hated, by an incorporator – if in the hands of a receiver, trustee inted fiduciary by that fiduciary)	
	ALFREDO FLORES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	