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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CMA DESIGN ST	TUDIO, INC.	
DOCUMENT NUMI	BER:	***	
	of Amendment and fee are st	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Giselle Del Amo		
		Name of Contact Perso	n
	Zumpano Castro, LLC		
		Firm/ Company	
	500 S. Dixie Highway, Suite	302	
		Address	
	Coral Gables, FL 33146		
		City/ State and Zip Cod	e
	C mail address: (ta ba w	sed for future annual report	notification)
	E-man address, (to be di	sed for future armual report	nontication)
For further information	concerning this matter, pleas	se call:	
Giselle Del Amo		305 at (	) 5032990 de & Daytime Telephone Number
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address Iment Section In of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CMA DESIGN STUDIO, INC.

CMA DESIGN STUDIO, INC.		
(Name of Corporation	as currently filed with the Florida Dept. of State	<u>e</u> )
P03000099863		
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the	following amendmen
A. If amending name, enter the new name of the corp	poration:	
		****
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A professional corporation nan	The new or the abbreviation ne must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	) L'ee \	
(Principal office address <u>MOST BE A STREET ADDR</u>	<u>(E33</u> )	
		19.12 ON 1
C. Enter new mailing address, if applicable:		ر) هد ر. دري
(Mailing address MAY BE A POST OFFICE BOX)	}	
		-
		·
		<del></del>
D. If amending the registered agent and/or registered		
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent		
Hane of the negation angen		
		<del></del>
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	tere <u>d Agent:</u>	
hereby accept the appointment as registered agent. I d	am familiar with and accept the obligations of the p	osition.
Signate	ure of New Registered Agent, if changing	

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 De	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Se	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP	_	Thiago Pimentel de Menezes	232 Andalusia Ave.
<u>x</u> Add		<del></del>		Suite 101
Remove				Coral Gabies, FL 33134
2) Change		_		
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	-	_		
Add				
Damoue				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
on amandment provides for an each	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<del>,, _</del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes case	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.		
5/22/2018 Dated		
selecte	hirector, 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 court ated fiduciary by that fiduciary)	_
	Cesar A. Molina	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	