P21000021629

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATI	ON: EL GUZZ	STUDIOS, INC				
DOCUMENT NUMBER:	P21000021629					
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.				
Please return all correspond	lence concerning this ma	itter to the following:				
		GILBERT ARISMEND](
		Name of Contact Person	1			
		Firm/ Company				
	10 SW SOUTH RIVER DR#1801					
Address						
	MIAMI, FL 33130					
		City/ State and Zip Cod	e			
	elguzz.studios@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information con	cerning this matter, pleas	se call:				
GILBERT ARISMENDI		at (at (827-6411			
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:			
■ \$35 Filing Fee	□\$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		Amend	Address Iment Section on of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation of

	of	,
EL GUZZ STUDIOS, INC		i e e e e e e e e e e e e e e e e e e e
(Name of Corporati	on as currently filed with the F	lorida Dept. of State)
P21000021629		
(Docum	nent Number of Corporation (if k	known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Cor	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "ce "Inc.," or Co.," or the designation "Corp." "Inc." "chartered," "professional association," or the abbre	" or "Co". A professional cor	corporated" or the abbreviation "Corp.," rporation name must contain the word
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>		
		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
	**	
D. If amending the registered agent and/or register	<u>ed office address in Florida, en</u>	nter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
N D I A A O O A A A		
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent.	istered Agent: Lam familiar with and accent the	e obligations of the nosmon
	,,	and the second s
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)

Example:

Please note the officer director title by the first letter of the office title:

P = Presidem; V - Vice Presidem; T = Treasurer; S - Secretary; D - Director, TR - Trustee; C - Chairman or Clerk; CEO - Chief Executive Officer, CFO - Chief Emancial Officer. If an officer director holds more than one title, list the first letter of each office held. Presidem, 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.

\underline{X} Change	<u>PT</u>	<u>John Doe</u>		
X Remove	\underline{V}	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	D	GILBERT ARISMENDI	10 SW SOUTH RIVER DR#1801	
X Add			MIAMI, FL 33130	
Remove			-	
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
NCHIOVE				

Attach additional sheets, if necessary).	(Be specific)
-	

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an amendment provides for an exchaprovisions for implementing the appen	ange, reclassification, or cancellation of issued shares,
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	03/02/2021	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed		
	2/2021	
Effective date <u>if applicable</u> :	(no more than 90 da	vs after amendment file date)
Note: If the date inserted in this blodocument's effective date on the Dep		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	ted by the incorporators, or boar	d of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were sub		mber of votes cast for the amendment(s)
☐ The amendment(s) was/were appromist be separately provided for e		voting groups. The following statement separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were su	ifficient for approval
bv		
····································	(voting group)	
	0/2021	
Signature		-
(By a dir selected		if directors or officers have not been ands of a receiver, trustee, or other court
	GILBERT ARISMENDI	
-	(Typed or printed nam	e of person signing)
	DIRECTOR	
-	(Title of person signing	3)