## P02 000091006

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANTROBUS RAM	MIREZ CORP.	
DOCUMENT NUM	POZOGONO LOGA		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	RUBY RAMIREZ		
		Name of Contact Persor	
	ANTROBUS RAMIREZ CO	RP.	
		Firm/ Company	
	360 NE 75TH STREET, UN	IT 123	
		Address	
	MIAMI, FLORIDA 33138		
		City/ State and Zip Code	}
	RUBY@STUDIORAMIREZ	C.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For firether information	on concerning this matter, pleas	ea call:	
ror further information	on concerning this matter, pieas	se can.	
RUBY RAMIREZ		786 at (	420-2996
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

۸	NTR	.OBUS	RAM	IREZ	CORP
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(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P02000091006	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
STUDIO RAMIREZ INC.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	360 NE 75TH STREET, UNIT 123
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33138
	~2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	360 NE 75TH STREET, UNIT 123
	MIAMI, FLORIDA 33138
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
	. 5
Name of New Registered Agent	
	arvet address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	
	, , , , , , , , , , , , , , , , , , , ,
Simuting of Vine	Registered Agent, if changing
Signative of New	negative agent, y counging
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 = 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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	ALISON ANTROBUS	295 NE 95TH STREET
Add			MIAMI , FLORIDA 33138
Remove  2) X Change	p	RUBY RAMIREZ	900 BISCAYNE BLVD
Add			APT 2407
Remove 3) Change			MIAMI, FLORIDA 33138
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			<del></del>
Add			
Remove			
6) Change		_	
Add			
Remove			

<b>famending or adding</b> Attach <i>additional sheet</i>	is, if necessary).	(Be specific)				
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f an amendment prov provisions for implen	rides for an exch menting the ame	nange, reclassifi endment if not o	<u>ication, or canc</u> contained in the	ellation of issued amendment its	<u>d shares,</u> self:	
(if not applicable,	indicate N/A)					
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			<del></del>		•	<u> </u>

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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	<del></del>	
	(no more than 90 days after amendment file	rdate)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing require partment 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 ado action was not required.	pted by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ficient for approval.	he amendment(s)
	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amen	
"The number of votes east	or the amendment(s) was/were sufficient for approval	
bv	··	
	(voting group)	
selected appoint	rector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	RUBY RAMIREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	