## PO 80000 98542

(Req	uestor's Name)	
(Add	ress)	· · · · · · · · · · · · · · · · · · ·
(Add	ress)	
(City	/State/Zip/Phone	÷#)
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	TWO F STUDIO INC			
DOCUMENT NUM	BER:	P08000098542			
The enclosed Article	s of Amendment and fee a	are submitted for filing.			
Please return all corre	espondence concerning th	is matter to the following:			
	GIU	ILIANNA FERRIGNO			
		Name of Contact Person  Firm/ Company			
	O'	2468 SW 153 PL			
_		Address			
		MIAMI,FL 33185			
		City/ State and Zip Code			
	E-mail address: (to be use	ed for future annual report notification)			
For further information	on concerning this matter,	, please call:			
	NNA FERRIGNO	at ( 786 ) 786.280.0138			
	Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check f	or the following amount n	made payable to the Florida Department of State:			
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	<ul> <li>         ↓\$43.75 Filing Fee &amp;</li></ul>			
Amendment Solvision of Control P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to

' ' Articles of Incorporation			
	of		000
Tun	FStudio	Tac	400 C/
(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)	AND O CO
-			
(Document Num	ber of Corporation (if know	wn)	14 ( A) ( A
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Fl	lorida Profit Corporation	
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain that abbreviation "Corp.," "Inc.," or Co.," or the mame must contain the word "chartered," "prof	designation "Ĉorp," "Inc	," or "Co". A profession	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable:	. ———		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u> )		
D. If amending the registered agent and/or renew registered agent and/or the new regis		n Florida, enter the name	of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	address)	
-		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changin	g Registered Agent:		
I hereby accept the appointment as registered as	gent. I am familiar with a	nd accept the obligations o	f the position.
Si	gnature of New Registered	d 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: (Altach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>V.P</u>	Gildha A Ferrigno	291 Majorca Avenue Apt 2 Coral Gables, Fl 33134	
		. ·	_
provisia		e, reclassification, or cancellation of interesting in the amendmen	
ARTICLE	IV: Add 100 Shares, having a	n individual par value of \$1.00.	
			<u> </u>
·····			
		·	

The date of each amendmen	
Effective date <u>if applicable</u> :	(date of adoption is required)
Encenve date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_Octo	x Ginfinger
(By sel	y a director, president of other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	GIULIANNA FERRIGNO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)