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COVER LETTER

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: STUDIO Spa Inc.		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following.		
Jose F. Pocheco		
C/O LUIS E. Laloma		
3411 SW 112 AVE		
MIQMI, Florida 33165 City/ State and Zip Code		
Docheco angelico e hotmail.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Angelica Pacheco at (305) 331-8201 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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Strin Spa Tac.				
(Name of Corpo	ration as currently filed w	ith the Florida Dept. of State		
(Đơ	seument Number of Corpora	ition (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida I</i>	Profit Corporation adopts the fo	ollowing amendment(s) to	
A. If amending name, enter the new name of th	e corporation:			
			The new	
name must be distinguishable and contain the "Corp" "Inc" or Co.," or the designation "C word "chartered." "professional association." or	orp, ""Inc," or "Co". A			
B. Enter new principal office address, if applica	shlar			
(Principal office address MUST BE A STREET A		-		
			The second	
				
C. Enter new mailing address, if applicable:			20 (9 20 - E	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)		~	
		<u> </u>		
D. If amending the registered agent and/or registered agent and/or the new registered		orida, enter the name of the		
Name of New Registered Agent				
	(Florida street addres	s)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I				
I hereby accept the appointment as registered agen	nt. I am familiar with and a	accept the obligations of the pos	ition	
	ignature 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)

Remove

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.

Mike Jones, V as Removi	e, and Sa	lly Smith. SV as an Add.	
Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	VP	Rosa Angelica Pacheco	2301 Collins Ave.
Add			<u>Miami Beach, FL</u> <u>3313</u> 9
2) Change	_S_	Rosa Angelica Pacheco	2301 Collins Ave.
Add Remove 3) Change		ILING CANCELLED ETURNED CHECK	Miami Beach, FL 33139
Add			
4) Change Add Remove			
5) Change Add	-		
Remove 6) Change	<u>. </u>		
Add			

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Effective date <u>if applicable</u> :			
··· !	(no more than 90) days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory fifing requirements, this date will not be listed as the locument's effective date on the Department of State's records.			
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.		
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)		
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder		
	- 15 - 2017 Production		
Signature (By a di	rector, president on other officer - if directors or officers have not been		
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
-	President (Title of person signing)		