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2019 AUG 13 PH 2: 15 SENITE SHASSEE FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:DESIGN A	UDIO INC	
DOCUMENT NUMBER: _	P11000086	469	
The enclosed Articles of Amo	endment and fee are su	bmitted for filing.	
Please return all corresponde	nce concerning this ma	tter to the following:	
OLGA	LICIA GALVEZ		
		Name of Contact Person	n
		Firm/ Company	
7125 \$	SW 47th ST - SUITE 3	01	
		Address	
MIAN	II, FL 33155		
		City/ State and Zip Cod	e
	ozzie@gables	sbeverages.com	
Ε	-mail address: (to be us	sed for future annual report	notification)
For further information conce	erning this matter, pleas	se call:	
OLGALIC	JIA GALVEZ	at (546-9571
Name of Cont	act Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	dlowing amount made	payable to the Florida Depo	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)
Mailing Address			Address
Amendment Section			Iment Section
Division of Corporations P.O. Box 6327			on of Corporations Building
	s, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DESIGN AUDIO INC			
	on as currently filed with the Florida	Dept. of State)	
P11000086469			
(Docum	ent Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation	on adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	rporation:		
			_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the a	" "Inc," or "Co". A professional cor	orporated" or the as poration name must (bbreviation contain the
B. Enter new principal office address, if applicables (Principal office address <u>MUST BE A STREET ADD</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	TALLAHASSEE	2019 AUG 1 3 PH
D. If amending the registered agent and/or register new registered agent and/or the new registered of		<u></u>	
Name of New Registered Agent			-
	(Florida street address)		-
New Registered Office Address:		, Florida	
	(City)	(Zip)	Code)
	(City)		Code)
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered agent.	l am familiar with and accept the obliga	itions of the position.	

Signature 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	PT	John Doc	
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	VP	OLGALICIA GALVEZ	7125 SW 47tH ST
Add			# 301
X Remove			MIAMI, FL 33155
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

if an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)	If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
provisions for implementing the amendment if not contained in the amendment itself:				
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provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)	f an amendment provides for an exch	ange, reclassification, o	or cancellation of issued shares,	
(t) not applicante, marcae (NA)	(if not applicable, indicate N/A)	idment if not contained	in the amendment itself:	
	(if not applicante, manate 1021)			
			-	
			-	

The date of each amendment(s) ad date this document was signed.	option:	_, if other than the
Effective date if applicable:		
Enective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	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)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	9\$/08/2019	
Signature	Allend II.	
(छप्रवर्षा	rector, president of other officer – if directors or officers have not been	_
	f, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
. (
	OLGALICIA GÁLVEZ	
	(Typed or printed name of person signing)	
	VICEPRESIDENT	
-	(Title of person signing)	