## PIODOMOTE

(Re	equestor's Name)	
(Ad	dress)	<u>.</u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



900304809679

10/23/17--01028--008 \*\*35.00

SECREDARY (FLIA) E TALLAHASSEE, FLORIDA

Anund

NOV - 2 2017 I ALBRITTON

## COVER LETTER

T0: Amendment Section Division of Corporations

NAME OF CORPORA	TION: HB St	udio Consulting Inc.				
DOCUMENT NUMBER	CUMENT NUMBER:					
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ndence concerning this ma	tter to the following:				
		Eric Amsallem				
_		Name of Contact Perso	n			
		Florida Invest LLC				
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·			
		517 W 41st St., #500				
<del></del> ,	·	Address				
		Miami Beach, FL 33140				
		City/ State and Zip Cod	e e			
	Eri	ic@florida-invest.com				
	E-mail address: (to be us	sed for future annual report	notification)			
Use firsthor in Exemption as	oncerning this matter, pleas	a salle				
To farmer information ec	meering this matter, pieas	se can.				
Eric Amsallem		786 at (	985-1374			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for th	e 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 P.O. Box 6327 Tallahassee, Ft. 32314		Amenc Divisio Clifton	Address  Iment Section on of Corporations  (Building Executive Center Circle			

Tallahassee, FL 32301



October 24, 2017

ERIC AMSALLEM FLORIDA INVEST LLC 517 W. 41ST SR. #500 MIAMI BEACH, FL 33140

SUBJECT: HB STUDIO CONSULTING INC

Ref. Number: P11000090772

We have received your document for HB STUDIO CONSULTING INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

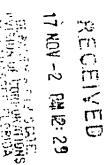
If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

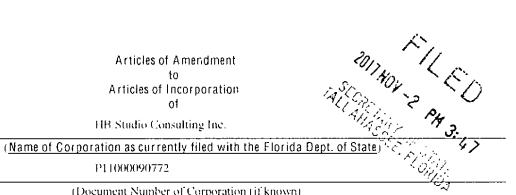
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 817A00021446



## Articles of Incorporation



(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or CO.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
3. Enter new principal office address, if applicable:	18205 Biscayne Blvd., Snite 2210		
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Aventura, FL 33160		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18205 Biscayne Blvd., Suite 2210		
	Aventura, FL 33160		
<ol> <li>If amending the registered agent and/or registered office adorew registered agent and/or the new registered office address</li> </ol>	tress in Florida, enter the name of the os:		
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	, Florida		
	(21) (000)		
lew Registered Agent's Signature, if changing Registered Agen			
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations 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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jor	<u>nes</u>		
_X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change				-	·
Add				-	
Remove					
2) Change		_		_	
Add				-	
Remove					
3 ) Change		_		_	
Add				-	
Remove					
4) Change					
Add		<del></del>		_	
Remove					
5) Change		. <del></del>		_	
Add				-	
Remove					
6) Change					
Add		_		-	
Remove					

(Attach addit	or adding additional A ional sheets, il necessary	'). (Be specific)				
	L-14F1 - 1					
				·		
			<del> </del>			
	<u></u>					
<del></del>						
		<del></del>				
						<del></del>
· <u>-</u>		<del></del>		<del></del>		
	· · · -					
	**- 188*					
						<del></del>
If an amend provisions	ment provides for an ex or implementing the ar	change, reclassif nendment if not	<u>fication, or cance</u> contained in the	<u>llation of issued s</u> amendment itself	: <u>hares,</u> :	
(if not a	pplicable, indicate N/A)			-	-	
	·				<del> </del>	
· · · · · · · · · · · · · · · · · · ·						
<del></del>		<u> </u>		<del></del>	****	
				·		
			<u>-</u>			

The date of each amendment(s) adopti	on:	, it other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	-1
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, thinent of State's records.	s date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment for approval.	ent(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	tement
"The number of votes east for the	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
Liver	דוע	
Dated	0	
Signature		
selected, by	or, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other of duciary by that fiduciary)	
	David Amsallem	
<del></del>	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	