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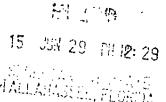


TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: PABI	ELONA STUDIO, INC.			
DOCUMENT NUMBERS		P13000024800			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspond	dence concerning this ma	tter to the following:			
		MANUEL A. RODRIGUE	ez		
	Name of Contact Person				
		Firm/ Company			
	2112	21 SW 85th Avenue, Unit #	203		
-	Address				
	CUTLER BAY, FL., 33189				
	City/ State and Zip Code				
		manrod2@bellsouth.net.			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information cor	ocerning this matter, pleas	se call:			
MANUEL A. RODRIGUEZ		at (978-2912		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:		
□ \$35 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 Amendment Section		Street Address Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



PABELONA STUDIO, INC.

(Name o	f Corporation as currently f	iled with the Florida Da	ept. of State)	
	P1300002800)		
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006. Florida Statutes, this Flo	orida Profit Corporation	adopts the following amendment(s)) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp," "Inc," or "Co	o". A professional corp	The new rporated" or the abbreviation poration name must contain the	
B. Enter new principal office address, i (Principal office address MUST BE A ST				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	OFFICE BOX) d/or registered office addres	ss in Florida, enter the r	name of the	
new registered agent and/or the new	•	_		
Name of New Registered Agent	MANUEL A. RODRIGUEZ	<u> </u>		
21121 SW 85th Avenue, Unit #203,				
New Registered Office Address:	(Florida street	t address)	, Florida	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar wit	th and accept the obligat	ions 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 Doe	
X Remove	<u>v</u>	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	P	Jorge Gonzalez-Graupera	861 SW 13th Avenue
Add			Miami, Fl., 33135
X Remove			
2) XX Change	PSTD	Celia Sanchez	861 SW 13th Avenue
Add			Miami, FL., 33135
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional si	ding additional Art heets, if necessary).	(Be specific)			
			 .		
<u>.</u>					
	_				
	115.1.15				
<u>t an amendment p</u>	provides for an exc plementing the am	<u>nange, reclassific</u> endment if not co	ation, or cancella	<u>ition of Issued Sna</u> Lendment itself:	res,
(if not applica	ible, indicate N/A)				
				· · ·	
					

	JUNE 17, 2015	
The date of each amendment(s) added this document was signed.	doption:	, if other than the
_	JUNE 30, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amend officient for approval.	lment(s)
	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareho	lder
	E 17, 2015	
Dated		
Signature		
(By a c	lirector, president or other officer - if directors of officers have no	
	ed, by an incorporator – if in the hands of a receiver, trustee, or oth ated fiduciary by that fiduciary)	er court
• • • • • • • • • • • • • • • • • • • •		
	CELIA SANCHEZ	·
	(Typed or printed name of person signing)	
	President - Director	
	(Title of person signing)	