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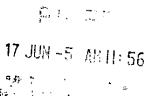
JUN 12 2017 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CHIMERA D	ESIGN STUDIO CORP.
DOCUMENT NUMBER: P13000068797	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Barry E. Haimo, Esq.	
Haimo Law	Name of Contact Person
Halmo Law	Firm/ Company
8201 Peters Road, Suite	• •
	Address
Plantation, Florida 33324	
	City/ State and Zip Code
barry@haimolaw.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
Barry E. Haimo, Esq.	at (954) 228-3369
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
\$35 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



•	Articles of Incor	poration AG 11:56	
CHIMERA DESIGN STUDIO CORP.	of	5.0	
·			
	of Corporation as currently f	lled with the Florida Dept. of State)	
P13000068797	·····		
	(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	.1006, Florida Statutes, this Flo	rida Profit Corporation adopts the following amend	lment(s
A. If amending name, enter the new n	ame of the corporation:		
√A		The 1	iew
	nation "Corp," "Inc," or "Co	"company," or "incorporated" or the abbreviat". A professional corporation name must contain	ion
3. Enter new principal office address,	if applies blac	N/A	
Principal office address <u>MUST BE A S</u>		· · · · · · · · · · · · · · · · · · ·	
			_
Enter new mailing address, if appl		N/A	
(Mailing address MAY BE A POST	OFFICE BOX)		_
			_
	·		
			-
. If amending the registered agent ar	nd/or registered office address	in Florida, enter the name of the	
new registered agent and/or the ne		·	
Name of New Registered Agent	Alexander Hussain		
Name of New Registered Agent	N/A		
	(Florida street	address)	
	N/A	N/A	
New Registered Office Address:		, Florida	
	(Ci	ty) (Zip Code)	
lew Registered Agent's Signature, if c hereby accept the appointment as regist	nanging Registered Agent: tered agent I am familiar with	and accept the obligations of the position.	
	огов идот. з ит јатта жи	and decept the conguitors of the position.	
— DocuSigned by	<i>r</i> .		
Alex Hussa	ÍA		
	Signature of New Pear	stered Agent, if changing	

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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>	Name	<u>Addres</u> s
1) X Change	PTS	Alexander Hussain	5246 SW 8th St
Add			Suite 204-A
Remove			Coral Gables, FL 33134
2) Change	P	Walter D. Puls	5246 SW 8th St
Add			Suite 204-A
x Remove			Coral Gables, FL 33134
3) Change			
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change			
Add			
Remove			
			_
6) Change	-		
Add			
Remove			

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I/A	additional sheets, if necessi	ary). (Be specific)			
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If an an	nendment provides for an ions for implementing the	amendment if not co	ontained in the ame	<u>on or issueu shares</u> ndment itself:	•
provisi	not applicable, indicate N/	'A)			
provisi	not applicable, marcale 117				
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<u>provisi</u> (<i>if</i>	To approach, marcute in	· · · · · · · · · · · · · · · · · · ·			
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The date of each amendment(s)	adoption:	_, if other than the
date this document was signed.	/ A	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	, 2017 11:32 AM EDT	
Signature	k Hussaia	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Alexander Hussain	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	