P13000076796

(Re	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

INTERIOR DE NAME OF CORPORATION:P13000076796 DOCUMENT NUMBER:	ESIGN LM, INC	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
LINA M. MONTOYA		
INTERIOR DESIGN L	Name of Contact Perso LM, INC.	n
610 NE 195TH STRE	Firm/ Company ET	
NORTH MIAMI BEAC	Address CH, FL 33179	
	City/ State and Zip Cod	е
LINA@ESCALASTUDIO.(COM	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
LINA M. MONTOYA	954 at (610-0527
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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with 1 P13000076796	he Florida Dept. of State)		
(Document Number of Corporati	on (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation ad	opts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporation ESCALA STUDIO, INC.	<u>ı:</u>		
name must be distinguishable and contain the word "corpo			The new
word "chartered," "professional association," or the abbreviat B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		e of the	IAT . TAI
N/A Name of New Registered Agent			SEP -
New Registered Office Address:	la street address)		-8 PM -8 PM ARY OF SSEE, F
	City) , Florida_	(Zip Code)	ED PM 12: 2: OF STATE E. FLORID

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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones_	
_X Add	<u>\$V</u>	Sally S	mith	
Type of Action (Check One)	_Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		· 		
Remove				

(Attach additional sheets, if necessary).	(Be specific)	1	
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If an amendment provides for an excha	ange, reclassification, o	r cancellation of issued shares	
If an amendment provides for an exchaprovisions for implementing the amen	ange, reclassification, o	r cancellation of issued shares, in the amendment itself:	
provisions for implementing the amen	ange, reclassification, o	r cancellation of issued shares, in the amendment itself:	
(if not applicable, indicate N/A)	ange, reclassification, o	r cancellation of issued shares, in the amendment itself:	
(if not applicable, indicate N/A)	ange, reclassification, o	r cancellation of issued shares, in the amendment itself:	
(if not applicable, indicate N/A)	ange, reclassification, o dment if not contained	r cancellation of issued shares, in the amendment itself:	
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(if not applicable, indicate N/A)	ange, reclassification, o	r cancellation of issued shares, in the amendment itself:	
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, o	in the amendment itself:	

date this document was signed.	Boption:	, ii omer man
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved 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)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
09/02/2	014	
DatedSignature	dun Dut	
(By a d	lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	LINA M. MONTOYA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· ···