

P140000036683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

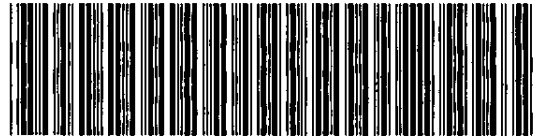
(Business Entity Name)

(Document Number)

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200263388792

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DIVISION OF REVENUE
JUN 26 PM 1:16

CC
Amend
Name chg
6.29.15
10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RAMOS & RUSCHEL CO

DOCUMENT NUMBER: PI4000036683

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

J ROBERTO MACEDO

Name of Contact Person

RAMOS & RUSCHEL CO

Firm/ Company

1000 5TH STREET, SUITE 200

Address

MIAMI BEACH, FL 33139

City/ State and Zip Code

robertomac.trade@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J ROBERTO MACEDO

Name of Contact Person

at (786)

715 4874

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2015

J RONERTO MACEDO 2ND MAILING
RAMOS & RUSCHEL CO
9881 EAST BAY HARBOR DR. 3C
BAY HARBOR ISLAND, FL 33154

SUBJECT: RAMOS & RUSCHEL CO.
Ref. Number: P14000036683

We have received your document for RAMOS & RUSCHEL CO. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document incomplete, please submit the Amendment in its entirety.

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: 714A00021439

RECEIVED
15 JUN 26 AM 7:59
DIVISION OF STATE
REGISTRATION & CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2014

J RONERTO MACEDO
RAMOS & RUSCHEL CO
1000 5TH STREET - STE. 200
MIAMI BEACH, FL 33139

SUBJECT: RAMOS & RUSCHEL CO.
Ref. Number: P14000036683

We have received your document for RAMOS & RUSCHEL CO. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Irene Albritton
Regulatory Specialist II

Letter Number: 714A00021439

Articles of Amendment
to
Articles of Incorporation
of

RAMOS & RUSCHEL CO

(Name of Corporation as currently filed with the Florida Dept. of State)

PI4000036683

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

OWL 3D CORPORATION

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

9435 HARDING AVENUE

SURFSIDE, FL 33154

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9435 HARDING AVENUE

SURFSIDE, 33154

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I 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

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. 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/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 06/22/15

Signature _____

(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)

ALESSIO RAMOS

(Typed or printed name of person signing)

President

(Title of person signing)