P16000537492

(Requestor's Name)
(Hadacotal a Harrie)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: RVRE STUDIO, in	nc
DOCUMENT NUMBER: P16000037492	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Malika Wood	
	Name of Contact Person
	Firm/ Company
11700 SW 9th Ct.	
Pembroke Pines, Fl 33025	Address
	City/ State and Zip Code /
mrfeezbrand@gmail.com	$\sqrt{}$
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Malika Wood	at (305) 528-6290 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee
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 of

(Name of Co	poration as current	ly filed with the Florida Dept. of State)			
P16000037492					
	(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation adopts the follow	ving amend	ment(s) to	,
A. If amending name, enter the new name of	<u>f the corporation;</u>				
			The i	iew	
name must be distinguishable and contain ("Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp," "Inc." or	"Co". A professional corporation name mu	abbreviat ist contain	ion the	
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE	glicable: ET ADDRESS)	11700 SW 9th CT., Pembroke Pines, FL3	33025	_	
				_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O Box 614044		- 하 - 중 .	
			60 A.T.	7 28 F	7
D. If amending the registered agent and/or	registered office add	lress in Florida, enter the name of the	P. G.		
new registered agent and/or the new reg		<u>s:</u>	S	\sim	
Name of New Registered Agent Afe	ez Akande			O	
117	00 SW 9th Ct.				
	(Florida si	treet address)			
	broke Pines	3302	5		
New Registered Office Address:		, Florida		_	

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> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	P	Omotayo Ogidan	3250 Emerald Point Dr.
Add			Hollywood, FL 33021
x Remove			
2) Change	Р	Afeez Akande	14695 NE 18th Ave. Apt. 5N
x Add			North Miami, FL 33181
Remove			
3) Change	VP	Mr. Feez	11700 SW 9th Ct.
Add			Pembroke Pines, FL 33025
X Remove			
4) Change	VP	Malika Wood	11700 SW 9th Ct.
x Add			le mbroke lines, Fl 33025
Remove			
5) Change			
Add			
Remove			
6) Change			
			-
Remove			

E. <u>If amending or adding additional Arti</u>	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
F. <u>If an amendment provides for an exch</u>	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
···	

	10/21/2016	
The date of each amendment(s) add	option:	, if other than the
date this document was signed.	/2016	
Effective date if applicable:	2010	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloodeument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat artment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s ficient for approval.)
	oved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareholder action and shareholde	г
☐ The amendment(s) was/were adoptaction was not required.	sted by the incorporators without shareholder action and shareholder	
10/21/2016		
Dated		
Signature A		
	ector, 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	1
	d fiduciary by that fiduciary)	
,	Afeez Akande	
-	(Typed or printed name of person signing)	
I	President	
-	(Title of person signing)	