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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Samaca 3d Studio	Inc			
DOCUMENT NUMI	BER: <u>P17000026611</u>				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	Laura Salazar				
		Name of Contact Person	n		
	Samaca 3D Studio, Inc				
	Firm/ Company				
	1320 SE 15th place.				
	Address				
	Cape Coral, Florida 33990				
	·	City/ State and Zip Cod	e		
	anlamanus atuta 36 Quencail ann				
	salazarmatute26@gmail.com	sed for future annual report	natification		
For further informatio	n concerning this matter, plea	se call: at (239) 850 4213		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r 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		Street	Address		
Amo	endment Section	Amend	lment Section		
	ision of Corporations		on of Corporations		
	. Box 6327		Building		
Tall	ahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Samaca 3D Studio Inc.

(Name of Corporation)	as currently fil	ed with the Florida	Dept. of State)		
P17000026611					
(Document	t Number of Co	poration (if known)		·- · · ·	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Flor</i>	ida Profit Corporat	ion adopts the fo	Illowing amer	ndment(s) t
A. If amending name, enter the new name of the corpo	oration:				
				The	81.75 42
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	"Inc," or "Co"	A professional co		the abbrevi	ation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>-</u> 	1320 SE 15th place	cape coral FI 33	990	
,					
	_		 _	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_	n/a		JUL 28	<u>–</u>
	_	_			ĹΠ
					<u>ب</u>
	_			, l4	
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 	office address ice address:	in Florida, enter th	e name of the	•*	
	100 20 20 20 20 20 20 20 20 20 20 20 20 2				
Name of New Registered Agent					
	 (Florida street a	ddam			
	ir tortaa street a	auress)			
New Registered Office Address:	(Cin	·	, Florida	(Zip Code)	
	, , , , , ,	,		· · · · · · · · · · · · · · · · · · ·	
New Registered Agent's Signature, if changing Registe	ered Agent:				
I hereby accept the appointment as registered agent. I ar	m familiar with	and accept the oblig	gations of the pos	ition.	
Signatur		tered Agent, if chan			

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: XChange	<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	<u>v</u>	Francisco Salazar	1320 SE 15th place	
X Add			Cape Coral, Fl 33990	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	adding additional Article al sheets, if necessary). ((Be specific)			
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an amendme	nt provides for an exchan	ge, reclassification	n, or cancellation	of issued shares.	
	implementing the amends	ment if not contai	ned in the amend	ment itself:	
<u>provisions for</u>	licable, indicate N/A)				
<u>provisions for</u>					
<u>provisions for</u>					
<u>provisions for</u>			_		
<u>provisions for</u>			_		
<u>provisions for</u>			<u>-</u>		
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<u>provisions for</u>					

	, 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 document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	s. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entit	
"The number of votes cast for the amendment(s) w	
by(voting group)	··
(voting group)	
☑ The amendment(s) was/were adopted by the board of direction was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporato action was not required.	rs without shareholder action and shareholder
Dated 07.18.2018	
Signature Lawa (Scalazor	ruf.
(By a director, president or other	er officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court
	Laura Salazar
(Typed or p	rinted name of person signing)
	President
-	(Title of person signing)