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AUG 20 2017

COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WY STUDIO INC Laude vdate
City/ State and Zip Code For further information concerning this matter, please call: at (1019) 788 · 0709

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee **□\$**43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment to Articles of Incorporation of FILED

	Articles of Inco	orporation	17 AUG 25	PH 3: 13
Onyx Stu	Jios T	Too with the	lorida Dept. of State	1 計劃数
(Fame of Corporat	ion as currentis	ine <u>d with the l</u>	TOTICA DE JA: OT CHAC	<u>-</u> ,
(Docu	ment Number of	Corporation (if	known)	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this I	Horida Profit Co	prporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the c	orporation:			
Onyx Studio I		· <u> </u>		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "0	lo". A professi	or "incorporated" onal corporation nai	or the abbreviation ne must contain the
B. Enter new principal office address, if applicabl	<u>e:</u>	315	NE 3Rd	AUC #101
(Principal office address MUST BE A STREET AD	<u>DRESS</u>)	Suite	۱۱ ر	
		Ft W	iderclate,	FU 333 U1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	315N	E 3Rd A	101# 9V
<u></u>		Silite		
		_\.\.\.\.		FL 33301
D. If amending the registered agent and/or registered agent and/or the new registered			nter the name of the	
	TOTICE Address.	<u>.</u>		
Name of New Registered Agent315			2#101 81	iite II
# T	(Florida stre	eet adaress) (Å(NP		23304
New Registered Office Address:	<u> CANCICIO</u>	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	<u>egistered Agent:</u> I am familiar v	t with and accept t	he obligations of the $_{ m I}$	position.
Sig	nature of New R	egistered 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 Do	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>SV</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
Chango				
51 Change				
Add				
Remove				
6) Change				
Add		_		
Remove				
Kemove				

f amending or adding additional Arti Mach <i>additional sheets, if necessary</i>).	(Be specific)			
	· <u> </u>			
				<u>-</u> -
		<u>. </u>		
				_
				· <u>-</u>
f an amendment provides for an exclusions for implementing the ame	<u>iange, reclassification</u> indment if not contai	n, or cancellation (ned in the amenda	of issued shares, nent itself:	
(if not applicable, indicate NA)		-		
			-	
				_ _

	, if other than the
ate this document was signed.	
ffective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not meet set of state on the Department of State's records.	ot be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
(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 08 21 12017	
6 Since Co	
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)	
LUNA SANTALUCIA	
(Typed or printed name of person signing)	
President	