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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	WORLD ACTO	RS GROUP CORP	
DOCUMENT NUMBER:	P18000089675		
The enclosed Articles of Amenda	<i>ment</i> and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	atter to the following:	
		MARIUSKA BRITO	
		Name of Contact Persor	1
	BRITO TAX A	AND ACCOUNTING COR	P
		Firm/ Company	
		8217 SW 147TH CT	
		Address	
		MIAMI FL 33193	
		City/ State and Zip Code	<u> </u>
	RRITO	TAXCORP@GMAIL.CO	.d
		sed for future annual report	
For further information concerni MARIUSKA BRITO	ng this matter, plea	. 786	354-7694
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	payable to the Florida Depa	artment of State:
	3.75 Filing Fee & rtificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Amend	Address Iment Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

WORLD ACTORS GROUP CORP

(Name of Corporation a	as currently fi	led with the Florida Dept	. of State)	
P18000089675				
(Document	t Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	atutes, this Flo.	rida Profit Corporation ac	dopts the following amen	dment(s)
A. If amending name, enter the new name of the corpo	oration:			
NI LUNA NI MIEL, INC	<u> </u>			
name must be distinguishable and contain the word "corpo	oration " "ann	name " ar "inaarnardad"	The	
ame must be aistinguishame and condain the word "Corpo Inc.," or Co.," or the designation "Corp," "Inc," or 'chartered," "professional association," or the abbreviati	r "Co". A pi			
		NOT APPLICABLE		
 Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE. 	ESS)		-	
	-			
Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-	·		
	_			
	-	.	· · · · · · · · · · · · · · · · · · ·	
). If amending the registered agent and/or registered of		in Florida, enter the nat	ne of the	
new registered agent and/or the new registered offic	ice address:			
Not APPLICA Name of New Registered Agent	ABLE			
	(Florida street e	addense)	_	
,	(140) lau sir cer	adar css)		
New Registered Office Address;	<u> </u>		, Florida	
	(Ci	שט	(Zip Code)	
iew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I an	ered Agent: m familiar with	and accept the obligation	e of the position	
петену иссерстве арронитет из гезылегей изет. Тип	m jamunar wun	ana accept the ootigation	s of the position. 2	
			2	
Signature	re of New Regi:	stered Agent, if changing		
Ü	, ,		T p	• .
Check if applicable		E 0	ن. ح.	 /
☐ The amendment(s) is/are being filed pursuant to s. 607.	1.0120 (11) (e),	F.S.	••	-

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 Doc	
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			NOT APPLICABLE
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NOT APPLICABLE	
	
	
	<u></u> -
	
F. If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend	of issued shares, ment itself:
(if not applicable, indicate N/A)	

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	·
	(no more than 20 days after uncounterfre date)	
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory filing requirements, this copartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
■ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendmen ifficient for approval.	u(s)
must be separately provided for	for the amendment(s) was/were sufficient for approval (voting group) (voting group)	2021 (117) 21
selecte	irector, 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 conted fiduciary by that fiduciary) IMARAY ULLOA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	