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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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R. 1VETE 822 1 5 CL)

COVER LETTER

TO: Amendment Section

| Division of Corporations | | |
|--|---|--|
| NAME OF CORPORATION: Sivence S | tudios Inc. | |
| DOCUMENT NUMBER: P20000 | 601180 | |
| The enclosed Articles of Amendment and fee are sub | mitted for filing. | |
| Please return all correspondence concerning this matt | er to the following: | |
| - Flizabett | Name of Contact Person | |
| | | |
| Sircha | Studius Inc. | |
| | Firm/ Company | |
| 1614 Bann | yn Dr. | |
| | Address | |
| Nonice I | Address 2 34292 City/ State and Zip Code | |
| VCIIII | City/ State and Zin Code | |
| E-mail address: (to be use | nd, m (a) G mail, com d for future annual report notification) | |
| For further information concerning this matter, please | call: | |
| Elizabeta G. Holland Name of Contact Person | at (9:11) \$79 - 8657 Area Code & Daytime Telephone Number | |
| | | |
| Enclosed is a check for the following amount made p | ayable to the Florida Department of State: | |
| \$35 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 | |
| Amendment Section | Amendment Section | |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | |
| | 2 2 | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

| (Name of Corporation as carrently filed with the Florida Dept. of State) 51. P3_DOMO 18C. (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: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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) C. Enter new malling address MAY BE A POST OFFICE BOX) 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 B. LYVA W. B. Check (Florida sireet aldress) New Registered Office Address: Venice (City) Florida 3-4-3-3 (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | Articles of Income | rporation | |
|---|--|-------------------------------|------------------------------|---------------------------------------|
| (Name of Corporation as currently filed with the Florida Deit. of State) § [P200000118C (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: 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 "FA." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or tregistered office address in Florida, enter the name of the new registered agent and/or the new registered office address. Name of New Registered Agent Puro U. Birles New Registered Office Address: Venue (City) 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 Check if applicable | | <u> </u> | T., . | |
| P. D. D. D. D. D. S. (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: 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: (Mailing address MAY BE A POST OFFICE BOX) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 B. W. D. B. C. C. C. Florida 34493 (City) New Registered Office Address: Venice Signature of New 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 Check if applicable | (Name of C | | filed with the Florida De | pt. of State) 5 /. |
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| A. If amending name, enter the new name of the 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) C. Enter new mailting address, if applicable: (Mailting address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent B. H. P. L. | | | Corporation (if known) | |
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| "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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 B. LIVON W. BY E.S. IN Y. Code New Registered Office Address: New Registered Office Address: New Registered Office Address: 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 Check if applicable | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 BUYON W. BYCLES IWIY BULLLAGES New Registered Office Address: New Registered Office Address: New Registered Office Address: 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 Check if applicable | "Inc.," or Co.," or the designation "Cor, | p," "Inc," or "Co". A | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Byron W. Birkes New Registered Office Address: New Registered Office Address: New Registered Office Address: Verice (City) 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 Check if applicable | | | | |
| 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 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 D. D. D. D. | (Principal office address MUSI BE ASIR | <u>EEI ADDKESS</u>) | | · · · · · · · · · · · · · · · · · · · |
| 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 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 D. D. D. D. | | | | |
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| Name of New Registered Agent Buyon W. Bickes | | | | |
| Name of New Registered Agent Buyon W. Bickes | | | | |
| Name of New Registered Agent Buyon W. Bickes | | | | |
| Name of New Registered Agent Buron W. Bickes | | | | |
| Name of New Registered Agent By von W. By Ches Iwi y Boundary Dr. | | | ss in Florida, enter the na | ime of the |
| New Registered Office Address: Verice Florida Street address Verice Florida 34293 (City) (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 | | | Bicker | |
| 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 Check if applicable | name of New Registered Agent | Juren a. | <u> </u> | |
| 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 Check if applicable | _ | Florida stree | i address) | |
| 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 Check if applicable | New Registered Office Address: | | Tity) | _, Florida 34293 |
| 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 Check if applicable | | , . | ··· <u>·</u> ·, | (inp conty |
| 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 Check if applicable | | | | |
| Signature of New Registered Agent, if changing Check if applicable | | | th and accept the obligation | ns of the position |
| Check if applicable | . The co, accept the appointment as together a | a agom. I am jammar m | and accept the congano | no of the position. |
| Check if applicable | | | | |
| Check if applicable | | Signature of New Rea | istered Agent if changing | |
| | | Digitaliare of New Reg | wieren Agent, y thunging | |
| in the amendment(s) tware being theu pursuant to s. 007.0120 (11) (C), F.S. | | uant to s. 607.0120 (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.

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|----------------------|------------------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1)Change | P | Elizabeth G. Holland | 1414 Dangandr. Venice Fr 34242 |
| Add | | | Venice FL 34243 |
| Remove | , | | |
| 2)Change | \ | Byron W. Bickes | 1614 Banyan Dr. Venice FL 34292 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| f an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
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| The date of each amendment(s) adoption:, if other than the date this document was signed. |
|--|
| Effective date if applicable: 07/16/2020 (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 incorporators, or board of directors without shareholder action and shareholder action was not required. |
| 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 Sireena Studit's Inc. " (voting group) |
| 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) |
| (Typed or printed name of person signing) |
| President |
| (Title of person signing) |