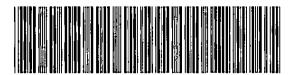
## P2000002032L

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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## COVER LETTER --

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BW ART STUDIC	) INC				
DOCUMENT NUMBER: P20000020326						
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	LUIS F JACOBO					
		Name of Contact Persor	1			
	JACOBO 7 ASSOCIATES, INC.					
	Firm/ Company					
	6220 W 21ST CT					
		Address				
	HIALEAH, FL 33016					
		City/ State and Zip Code	૯			
	IFO@JACOBOTAX.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
LUIS F JACOBO		at (	556-0044			
Name o	of Contact Person	Area Co-	de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## Articles of Amendment to Articles of Incorporation of

RW	[AR]	CTI	iD	(0)	INC:
13.11	$\Delta N$		JU.		

(Name of Corporatio	n as currently filed with the l	Florida Dept. of State)	
P20000020326			
(Docume	ent Number of Corporation (if)	known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co	orporation adopts the following a	nmendment(s) t
A. If amending name, enter the new name of the cor	rporation:		
ANUEZ ART STUDIOS, INC.		7	he new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional co	corporated" or the abbreviation	"Corp., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> )			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON			
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		nter the name of the	•
Name of New Registered Agent			:
Nume by the registered agent	<del> </del>		ار بار میرون
	(Florida street address)		r =
New Registered Office Address:		. Florida	
rea regimered copies radicisg.	(City)	(Zip Coc	te)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		w obligations of the position	
Signal	ture of New Registered Agent, i	if changing	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant 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)

Example:

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)		
			***
· · · · · · · · · · · · · · · · · · ·			
		<del></del>	<u> </u>
f an amendment provides for an exc	hange, reclassification, o	or cancellation of issued s	shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not containe	d in the amendment itself	<u>ı:</u>
(y nor appreniate, indicate, mil			
		<u> </u>	
	·····		

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes of	nst for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selec	director, president or other officer – if directors or officers have not be sted, by an incorporator – if in the hands of a receiver, trustee, or other officer fiduciary by that fiduciary)	
	GARY ANUEZ	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	