109-29-2 3/20/21, 10:34 MM	1;10:34AM: General Solutions INC ;3052553320 Plorida Department of State Division of Corporations Electronic Filing Cover Sheet	# 1/ 6
	Note: Please print this page and use it as a cover sheet. Type the fax audit num (shown below) on the top and bottom of all pages of the document.	aber
	(((H21000350940 3)))	
:	H210003509403ABCY	
-	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this pa Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : GENERAL SOLUTIONS INC Account Number : I2014000086 Phone : (305)255-3310 Fax Number : (305)255-3320	FILED 2021 SEP 29 PM 12: 00 STURETARY OF STATE MULAHASSEE, FLORIDA
. [] ' []: 53	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: <u>Meepheir (Deprict</u> on)	
11	COR AMND/RESTATE/CORRECT OR O/D RESIGN ANOTHER STUDIO CORP	
	Certificate of Status0Certified Copy0Page Count01Estimated Charge\$35.00	SEP 3 0 2021 S. PRATHER
с ¹ , , ¹ , , 1) SEP 29 / / Ip: 5	annual report mailings. Enter only one email address please.** Email Address: <u>M.e. prein@qonat.con</u> COR AMND/RESTATE/CORRECT OR O/D RESIGN ANOTHER STUDIO CORP Certificate of Status 0 Certificate of Status 0 Page Count 01	SEP 3 0 2021

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _ ANOTHER STUDIO CORP

DOCUMENT NUMBER: P21000052094

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

	MARCELO PINEIRO	
	Name of Contact Person	
	ANOTHER STUDIO CORP	
	Firm/ Company	
	20562 NE 2ND CT	
<u>. </u>	Address	
	MIAMI FL 33179	

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 m.e.pineiro@gmail.com
 at (305)
 335-7120

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

S52.50 Filing Fcc 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

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	Articles of Amendm	ient		2.	-1	
	to			<u>л</u> С	202	
_	Articles of Incorpora of	tion		Б Б Ж	S	
	ANOTHER STUDIO C	ORP		HAS	ÉP	<u>וד</u>
(Name of C	Corporation as currently filed	with the Flowids De-		<u>Sir</u>	<u>-2</u>	<u> </u>
<u></u> _	P21000052094	with the Prorida Dep	<u>i. ai State</u>)	n _{ch}	-0	0
				Fu	<u> </u>	_
	(Document Number of Corpo	ration (if known)		RAT	22	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this Florida	Profit Corporation ad	dopts the followin	g ärsendr	neht(s) t	ö
A. If amending name, enter the new name	of the corporation:					
				The ne	PLI	
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp "chartered," "professional association," or	o," "Inc," or "Co", A profes	y," or "incorporated" tsional corporation n	or the abbreviatic ame must contain			
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRI</u>	<u>pplicable:</u> EET ADDRESS)	· · · · · · · · · · · · · · · · · · ·			-	
				<u> </u>	-	
C. <u>Enter new mailing address, if applicab</u> (Mailing address <u>MAY BE A POST OF</u>)	<u>le:</u> FICE BOX)				• •	
D. If amending the registered agent and/o new registered agent and/or the new re	r registered office address in f	florida, enter the nar	nc of the		• ·	
Name of New Registered Agent				_		
	(Florida street uddre			•		
New Restand Office Address						
<u>New Registered Office Address:</u>	(City)		, Florida (Zip C	oda)		
			$(\mathcal{L})p$.000)		
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	ging Registered Agent: 1 agent. I am familiar with and	accept the obligation.	s of the position.			
	Signature of New Registered	d Agent, if changing				

Check if applicable

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☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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> <u>Joh</u>	n Doc		
X Remove	<u>V</u> <u>Mik</u>	c Jones		
<u>X</u> Add	<u>SV Sall</u>	<u>y Smith</u>		. 15
<u>Type of Action</u> (Check One)	Title	Name	Address	
1) Change	VP	JUAN F PASCUAL	20562 NE 2ND CT	i
Add X Remove			MIAM) FL 33179	
2) Change				
Add Remove 3) Change	<u> </u>			
Add				:
4) Change Add				·
Remove				
Add				
6) Change				
Add Remove				

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(Anaca addition	adding additional A al sheets, if necessary). (Be specific)	1			
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If an amendme	nt provides for an ex	rahanga gualagai	fiontion of each			
provisions for	implementing the ar	mendment if not	contained in the	e amendment it	self:	
(if not app	licable, Indicate N/A)					
<u> </u>						
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	The date of each amendment(s) adoption:	_ if other than t	he	
	date this document was signed.			
	(no more than 90 days after amenument file date)			
. :	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as t	he	
	Adoption of Amendument(s) (CITECIC ONE)			
	The amendment(s) was/were adapted by the incorporators, or board of diractors without shareholder action and action was not required.	shareholder		
	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 inust be separately provided for each voting group entitled to vote separately on the amendment(s):	TALL	2021 SEP	
	"The number of votes cast for the amendment(s) was/were sufficient for approval	RETARY OF	SEP	
	by	- 60 ×	29	r.
	(voling group)			- D
	09/20/2021 Dated	FSTATE	PH 12: 00	0
	Signature		8	
	(By a director, mendent of other officer – if directors or officers have not been selected; by an incorporator – if in the hands of a receiver, trustoc, or other court appointed fiduciary by that fiduciary)	-		
	MARCELO PINEIRO			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

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