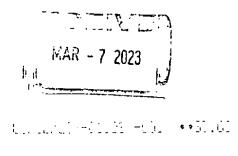
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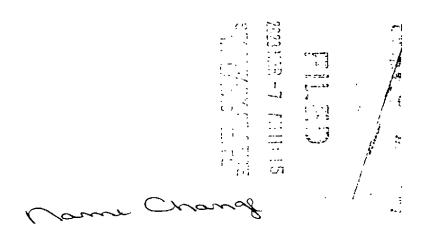
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(2.1), 2.1.1.2.(1), 1.1.1.2.7,
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ORS STUDIO					
	BER: P23000002592					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	SILVIA SABAO					
		Name of Contact Person				
	BENEFIT INSURANCE					
		Firm/ Company				
	22861 SW 114TH PATH					
	Address					
	MIAMI, FL 33170					
		City/ State and Zip Code	,			
	LILIANA.BOSCH@BENEF	ITINSURANCE.NET				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
LILIANA BOSCH		at (⁷⁸⁶				
Name	of Contact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fec	□\$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

ORS STUDIO, INC			
(Name of Corporation as currently filed with the Florida De	pt. of State)		
P23000002592			
(Document Number of Corporation (if knewn)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	adopts the fo	ollowing amer	idment(s) to
A. If amending name, enter the new name of the corporation:			
ORB STUDIO, INC		The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation "chartered," "professional association," or the abbreviation "P.A."	l" or the abb name must	reviation "Co	rp., "
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 n new registered agent and/or the new registered office address:	ame of the))))
Name of New Registered Agent			1 <u>1</u> ترکید
(Florida street address)			. [7]
New Registered Office Address: (City)	Florida_	(in Chda)	- 0
(City)		(2g/ Code)	
		133	: n
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ons of the po	sition.	
Signature of New Registered Agent, 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>	<u>John Do</u>	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change			,,,,,	****
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	***	_		
Adú				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the am-	hange, reclussification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the am-	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the am-	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as thords.
Adoption of Amendment(s) (CHECK ONE	v
The amendment(s) was/were adopted by the incorporato action was not required.	ors, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	s. The number of votes east for the amendment(s)
The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entit	
"The number of votes cast for the amendment(s) w	vas/were sufficient for approval
by SILVIA SABAO	,"
(voting group)	
02/22/2023	
Dated	
Signature Laturo Jaisa	Ø.
(By a director, president or other	er officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court uciary)
SILVIA SABA	.0
(Typed or p	rinted name of person signing)
PRESIDEN	1T
(Title of per	son signing)