## P95000091119

| (Requestor's Nat                        | me) .           |
|---|-----------------|
| (Address)                               |                 |
| (Address)                               |                 |
| (City/State/Zip/P                       | hone #)         |
| PICK-UP WAIT                            | MAIL.           |
| (Business Entity                        | Name)           |
| (Document Num                           | ber)            |
| Certified Copies Certific               | cates of Status |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR          | RATION: G. Alvarez Studio,   | Inc.   |  |  |  |
|-------------------------|--|--|--|--|--|
| DOCUMENT NUMI           | BER: P000091119  | 10-0-1   |  |  |  |
|                         | of Amendment and fee are su  | bmitted for filing.  |  |  |  |
| Please return all corre | spondence concerning this ma   | tter to the following:   |  |  |  |
|                         | Yafreisy Leonardo  |  |  |  |  |
|                         |  | Name of Contact Person   | 1  |  |  |
|                         | G. Alvarez Studio, Inc.  |  |  |  |  |
|                         |  | Firm/ Company  |  |  |  |
|                         | 800 S. Douglas Road  |  |  |  |  |
|                         | Address  |  |  |  |  |
|                         | La Puerta Del Sol. Suite 180   |  |  |  |  |
|                         |  | City/ State and Zip Cod  | e  |  |  |
|                         | yleonardo@galvarezstudio.com   |  |  |  |  |
|                         | E-mail address: (to be us  | sed for future annual report                                     | notification)  |  |  |
| For further informatio  | n concerning this matter, pleas  |  |  |  |  |
| Yafreisy Leonardo       |  | at ( <u>305</u>  | ) 371-8400<br>de & Daytime Telephone Number  |  |  |
| Name                    | of Contact Person  | Area Co  | de & Daytime Telephone Number  |  |  |
| Enclosed is a check fo  | r the following amount made  | payable to the Florida Dep                                       | 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)                      |  |  |
| Amo<br>Divi<br>P.O      | cling Address<br>endment Section<br>ision of Corporations<br>Box 6327<br>ahassee, FL 32314 | Ameno<br>Divisio<br>The C<br>2415 I                              | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, Fl. 32303 |  |  |

## Articles of Amendment to Articles of Incorporation of

| G. Alvarez Studio, Inc.   | \$\$\$ <b>~</b>                       | •        |
|---|---------------------------------------|----------|
| (Name of Corporation as currently filed with the Flor   | ida Dept. of State)                   |          |
| P95000091119  | · · · · · · · · · · · · · · · · · · · |          |
| (Document Number of Corporation (if kno   |                                       | <u> </u> |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpo</i> its Articles of Incorporation:   | சாation adopts the following amen     | -        |
| A. If amending name, enter the new name of the corporation:   |                                       |          |
|   | The                                   | new      |
| name must be distinguishable and contain the word "corporation," "company," or "incor". "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corpo "chartered," "professional association," or the abbreviation "P.A." |                                       |          |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |                                       | _        |
|   |                                       | _        |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |                                       | <u> </u> |
| D. If amending the registered agent and/or registered office address in Florida, entented new registered agent and/or the new registered office address:  | r the name of the                     | _        |
| Name of New Registered Agent  |                                       |          |
|   |                                       |          |
| (Florida street address)  |                                       |          |
| New Registered Office Address:  | , Florida                             | _        |
| (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 o   | bligations of the position.           |          |
| Signature of New Registered Agent, if ch  | anging                                |          |

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                   | $\underline{V}$ | Mike Jo  | <u>nes</u>               |                                 |
| X Add                      | <u>sv</u>       | Sally Sr | <u>nith</u>              |                                 |
| Type of Action (Check One) | <u>Title</u>    |          | Name                     | <u>Addres</u> s                 |
| 1) Change                  | <u>v</u>        | _        | Giannina Silva Zapattini | 3365 William Avenue, Miami, FL. |
| Add                        |                 |          |                          |                                 |
| X Remove                   |                 |          |                          |                                 |
| 2) Change                  |                 | _        |                          |                                 |
| Add                        |                 |          |                          | <del></del>                     |
| Remove 3) Change           |                 | _        |                          |                                 |
| Add                        |                 |          |                          |                                 |
| Remove                     |                 |          |                          |                                 |
| 4) Change                  |                 | _        | <del></del>              |                                 |
| Add                        |                 |          |                          |                                 |
| Remove                     |                 |          |                          |                                 |
| 5) Change                  |                 | _        |                          | -                               |
| Add                        |                 |          | •                        | <del> </del>                    |
| Remove                     |                 |          |                          |                                 |
| 6) Change                  |                 | _        |                          |                                 |
| Add                        |                 |          |                          | <del></del>                     |
| Remove                     |                 |          |                          |                                 |

|  | e specific)                            |                                     |                                    |            |   |
|--|--|-------------------------------------|------------------------------------|------------|---|
| noving Giannina Zilva Zapattini  |  |                                     |                                    |            |   |
|  | · · · · · · · · · · · · · · · · · · ·  |                                     |                                    |            |   |
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|  | د. سرد ر                               | 91                                  | <i>c'</i> 1.1                      |            |   |
| If an amendment provides for an exchange<br>provisions for implementing the amendm | e, reciassificano<br>ent if not contai | n, or cancellation ined in the amer | n or issued snar<br>idment itself: | <u>es.</u> |   |
| (if not applicable, indicate N/A)  |  |                                     |                                    |            |   |
|  |  |                                     |                                    |            |   |
|  |  |                                     |                                    |            |   |
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|  |  |                                     |                                    |            |   |
|  |  |                                     |                                    |            |   |

| July 25th, 2022   |                                  |
|---|----------------------------------|
| The date of each amendment(s) adoption:   | , if other than the              |
| July 25th, 2022  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 applicable statutory filing requirements, this document's effective date on the Department of State's records.   | s date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                                  |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.  | action and shareholder           |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.  | ent(s)                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following starmust be separately provided for each voting group entitled to vote separately on the amendment(s):                | lement                           |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |                                  |
| Shareholders  |                                  |
| (voting group)  |                                  |
| Signature  (By a director profilent or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary) |                                  |
| Yigany Alvarez  |                                  |
| (Typed or printed name of person signing)   |                                  |
| President   |                                  |
| (Title of person signing)   |                                  |