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SECRETARY OF STATE DIVISION OF CORPORATIONS

APR 27 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	ON: COLP	1505, IN	<u>C</u>	
DOCUMENT NUMBER:	DAG	0000911		
The enclosed Articles of An	nendment and fee are su	bmitted for filing.		
Please return all correspond	ence concerning this ma	tter to the following:		
	JUAN E	. VASQU	EZ	
		Name of Contact Person	1	
10	0857 N	Firm/Company N 29 TH	STREET	
D	ORAL F	L 3317		
		City/ State and Zip Code		
-	· \	studios		
1	E-mail address: (to be us	ed for future annual report	notification)	
For further information cond	cerning this matter, pleas	e call:		
JUAN VA	15 QUEZ	305	2442001	
Name of Cor	ntact Person		de & Daytime Telephone Number	
Enclosed is a check for the f	following amount made p	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee □	\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COLPISOS, INC

(Name of Corporatio	on as currently filed with the Florida Dept. of State) 16 APR 18 PM 1:
P9800009159	7 <i>L</i>
(Docume	ent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the cor	rnoration
WG STUDIOS, INC	por action.
	The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp.' ord "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
Enter new principal office address, if applicable:	
rincipal office address <u>MUST BE A STREET ADDI</u>	
	<u>-</u>
T	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	K 1
	<u> </u>
If any ding the project of 1 and 1 and 1 and 1	1.00
If amending the registered agent and/or registere new registered agent and/or the new registered or	
-	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) . (Zip Code)
	(City) . (Zip Code)
w Registered Agent's Signature, if changing Registered agent It	stered Agent: am familiar with and accept the obligations of the position.
отеох ассері те прротитені аз техіметен адепі. Т	am jamatar with and accept the obligations of the position.
Sienai	ture of New Registered Agent, if changing
3	

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> Johr	n Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	<u>SV</u> Sally	y Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>dres</u> s
1) Khange	DP	VASQUEZ,	JUAN E	
Add Remove				0857NW 29th St 08AL FL 33172
2) Change Add	VT	VASQUEZ,	MATIAS	10857 NW 29+4 S DORAL FL 33172
Remove 3) Change				
Add Remove				
4) Change Add				
Remove				
5) Change Add			-	
Remove				
6) Change Add				
Remove				

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amendment pro	ovides for an exc	hange, reclassifica	tion, or cancellati	on of issued sha admont itself:	103,
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amendment pr visions for impl (if not applicabl	evides for an exc ementing the am e, indicate N/A)	hange, reclassifica endment if not cor	ntion, or cancellati	on or issued sna ndment itself:	

The date of each amendment(s) adoption:	_, if oth	er 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 applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be I	isted as the
Adoption of Amendment(s) (CHECK ONE)		
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		VVIO.
(voting group)	APR	1035 1035 1035
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	8	FILE
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	PM 1:5	35 SEATE SEA
Dated_03/31/2016	ij	4
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)	-	
JUAN E. VASQUEZ		
(Typed or printed name of person signing)		_
PRESIDENT		
(Title of person signing)	-	