P06000009311

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300455467253

08/01/25--01021--007 **43.75

2025 AUG - 1 PH 4: 49

9/18/2025

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATTION: Artistic	Design and Resurfacing, Inc.				
	of Amendment and fee are su					
Please return all corres	pondence concerning this ma	itter to the following:				
	Bernard	L. Felice				
	Bernard L. Felice Name of Contact Person Artistic Design and Resurfacing Inc. Firm/Company					
409 ALCOVE Dr. Address Groveland, FL 34736 City/ State and Zip Code						
	City/State and Zip Code 115a, felice 18 e gmail. Com					
	E-mail address: (to be us	sed for future annual report notification)				
For further information	n concerning this matter, pleas	se call:				
Bernard	L. Felice	a. 352 430-4555				
Name o	f Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Department of State:				
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Inhassee, 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

FILED

	of
· Artistic Design and	Resurfacing, Inc 2025 AUG-1 PM 4:49
(Name of Corporation as	e currently filed with the Florida Dent of State)
75-3208746	P06000009211 SECOTION (ICKNOWN)
(Document 1	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
n/A	
name must be distinguishable and contain the word "corpor	409 Alcove Drive
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	409 Alcove Drive Groveland, FL 34736
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office. Name of New Registered Agent	
	1 Corla Drive
<u> 109 111</u>	1 COVE DEIVE Florida street address)
New Registered Office Address: SYOVEL	and, (City) Florida FL 3473 (Lip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	N/A
Signature	of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0	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</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
_X Add	<u>SV</u> Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
I) X Change	<u> 5V</u>	Lisa A. Felice	Groveland, FL 34736
Add			Groveland, FL 34 134
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific) N/A	1;'
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of is ndment if not contained in the amendmen	sued shares, t itself:
	NA	

The date of each amendment(s) adoption date this document was signed.	n: July	20,2025 N/A	if other than the
Effective date if applicable:	0	NA	
•	(no more tha	n 90 days after amendment	file date)
Note: If the date inserted in this block document's effective date on the Department			quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators.	or board of directors witho	ut shareholder action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. t for approval.	The number of votes cast for	or the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v			
"The number of votes cast for the	amendment(s) was/	/were sufficient for approva	าไ
bv			,"
•	(voting group)		-
selected, by ar	president or other o	officer – if directors or officenthe hands of a receiver, the ary)	
	Bernar	d L. Felice	
		ed name of person signing)	
	Preside	ent.	
	(Title of person	n signing)	