553145

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(0	City/State/Zip/Phone #)	
		MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	ARTISTIC HOMES ENTERPRISES, J	ENC.
DOCUMENT NUMBER:	553145	

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

Please return all correspondence concerning this matter to the following:

Robert D. Eaton
Name of Contact Person
Artistic Homes BAt., FAC.
Firm/ Company
4530 Commercial Way
Address
City/State and Zip Code
artistic Catlantic . net

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

For further information concerning this matter, please call:

Robert Eatonat (352)263-4364Name of Contact PersonArea Code & Daytime Telephone Number

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

S35 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 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 Ar	nendment
to Articles of Ince	experation
of	separation
	es Enterprises, Inc.
(<u>Name of Corporation as currently</u>	r filed with the Florida Dept. of State)
553145	·
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, " or "incorporated" or the abbreviation "Corp ."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	N/A
	/
(Florida stre	et address)
New Registered Office Address:	, Florida
· · · · · · · · · · · · · · · · · · ·	(City) (Zip Code)

•

<u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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□ 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)

Please note the officer/director title by the first letter of the office title.

 $P = President; V = Vice President, T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO <math>\neq$ 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 F. 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:

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	<u>V. P.</u>	Jennifer L. LUSK	12808 Killarney Ct
X Add			Odessa, Fl. 33556
Remove			Odessa, Fl. 33556
2) Change	·		
Add			
3) Remove			
Add			·····
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
δ) Change			·
Add			
Remove			

N/A		_
/ N / P		_
		_
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	2020 DEC	5 , , "
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	-3 PH	
N/A	<u>.</u>	
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action was not required.

The date of each amendment(s) adoption date this document was signed.	$\frac{11/20/20}{}$, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Department	is not meet the applicable statutory filing requirements, this date will not be listed as the tof State's records.
Adoption of Amendment(s)	<u>CHECK ONE</u>)
The amendment(s) was/were adopted by action was not required	the incorporators, or board of directors without shareholder action and 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 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

2020 DEC - 3 PH 2: (voting group) N by _ 11 11/20/20 Dated_ Signature (By a director, bresident or other Afficer - 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) (Typed or printed name of person signing) (Title of person signing)