Florida Department of State

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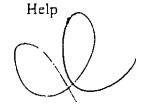
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COR AMND/RESTATE/CORRECT OR O/D RESIGN ROSALIE ARKIN DESIGNS, INC.

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Corporate Filing Menu



TO: Amendment Section

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COVER LETTER

Division of Corporations NAME OF CORPORATION: ROSALIE ARKIN DESIGNS, INC. DOCUMENT NUMBER: G47852 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Arkin Name of Contact Person Firm/ Company 2101 NE 211 STREET Address Miami, FL 33179 City/ State and Zip Code michael.arkin@mlmrarkin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Arkin Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

1/12 ... 11/883

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Articles of Amendment to Articles of Incorporation

(Name of Corpora	tion as currently flie	d with the Florids De	ept. of State)	
ROSALIE ARKIN DESIGNS, INC.				
(Doc	ument Number of Cor	poration (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Flor	ida Profit Corporution	adopts the following amendm	nent(s) to
A. Hamending name, enter the new name of the	corporation:			
			The ne	
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association." or the abb	c," or "Co". A pro	any," or "incorporated ofessional corporation	f" or the abbreviation "Corp, name must contain the wor	d
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL				
	_			•
	_	_,		
C. Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE B	<u>30x</u>)			
	_			
	_	· 	 	•
 If amending the registered agent and/or registered new registered agent and/or the new registere 	tered office address:	n Florida, enter the r	ame of the	
Michael				
Name of New Registered Agent	Airti			
	(Florida street a	idress)		
New Registered Office Address:			. Florida	
TO A SECTION CONTROL THE VOL.	(City)	(2ip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	egistered Agent:	and accent the obligati	one of the position	
r nerecy accept the appointment as registered agent.	DocuSloped by		and of the pastition	
	Michael &	· Nalific		
Sig	nature of New Regist	45A ered Agent, if changing	3	
Check if applicable				
 The amendment(s) is/are being filed pursuant to s 	s. 607.0120 (11) (e), F	.s.		

11.- 11/007

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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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Rosalie Arkin	2101 NE 211 STREET
Add			MIAMI, FL 33179
Remove 2) Change	P	Michael Arkin	2101 NE 211 STREET
X Add			MIAMI, FL 33179
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

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	al sheets. If necessar	уј. (ве зресијс)				
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		-	_			
						_
						
			-			
an amendme	nt provides for an e	exchange, reclassif	ication, or cancel	llation of issued s	hares,	
rovisions for	implementing the	nmendme <u>nt if not</u> :	contained in the	amendment itself	<u> </u>	
(if not appl	licable, indicate N/A)				
			 -			
						
						•

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The date of each amendment(s	adoption:	<u></u>	_, if other than the
date this document was signed.			
Effective date if applicable:			
	(no mare l	han 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the Department of State's reco	applicable statutory filing requirements, this date will ords.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporato	rs, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were by the shareholders was/were		s. The number of votes east for the amendment(s)	
☐ The amendment(s) was/word must be separately provided	approved by the shareholde	ers through voting groups. The following statement led to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) w	ras/were sufficient for approval	
Ъγ			
,	(voting group)		
	. (. (2022		
Dated	1/4/2023	DocuSigned by:	
Signatura		Michael Arkin	
(By	a director, president or othe sted, by an incorporator – i binted fiduciary by that fict	oncesses: 39-045A. er officer – if directors or officers have not been f in the hands of a receiver, trustee, or other court iciary)	- -
	Michael Arkin		
	(Typed or pi	rinted name of person signing)	
	President		
	(Title of per	son signing)	