## N10000008320

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300209365453

07/08/11--01004--011 \*\*35.00

11 JUL -8 PH 1:32

Amund (1)

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	ArtNexus F	oundation.	Inc.	
DOCUMENT NUMBER:	N 100000	8320		
The enclosed Articles of Amenda	nent and fee are subm	itted for filing.		
Please return all correspondence of	oncerning this matter	to the following:		
Francine	Birbragher (Name of C	- Rozencw ontact Person)	aig	
Artnews	5. foundation (Firm/	ompany)		<del></del>
12500	NE 8th	Avenue dress)	<del></del>	
North M	liami FL (City/ State)	33161 and Zip Code)		··········
	address: (to be used f	·	ort notification	n)
For further information concerning	g this matter, please c	all:		
Scatt Evaul (Name of Contact P	erson)	at (305) (Area Cod	764 - 7	3877 Felephone Number)
Enclosed is a check for the follow				
<b> ■ \$35</b> Filing Fee			ice &	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Clifton Bui 2661 Exec	nt Section f Corporations	rcle

## Articles of Amendment to Articles of Incorporation of



Arthexus -Toundation		
(Name of Corporation as cur	rently filed with the Florida Dept. of S	tate)
NIGOG	000 8320	
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		<b>Profit Corporation</b> adopts
A. If amending name, enter the new name of	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		corporated" or the
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u> )		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	e: ICE BOX)	
D. <u>If amending the registered agent and/or</u> new registered agent and/or the new reg		iter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.		ept the obligations of the
<del></del> ,	Signature of New Registered Agent, if ch	

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Francise Birbragher- Rozencwaig	North Miami F 33161	⊠ Add □ Remove
Treasurer	Celia de Birbragher	12500 NE 8 Avenue North Miam. FL 33161	☑ Add ☐ Remove
Trecisorer	Susanne Birbragher	12500 NE 8 Avenue North Miam, FL 33161	☐ Add M Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		

CHECK ONE	The date of each amendment(s) a	adoption: 6/30/2011
Adoption of Amendment(s)  (CHECK ONE)  The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.  There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.  Dated  6/36/26   Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)  Francise  Gryped or printed name of person signing)	`,	(date of adoption is required)
Adoption of Amendment(s)  The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.  There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.  Dated 6/36/2611  Signature 1 ancine 1 ancine 1 ancine 1 fin the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)  Francise Birbragher-Rozencuaig  (Typed or printed name of person signing)	Effective date <u>if applicable</u> :	6/30/2011
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.  There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.  Dated 6/36/86/1  Signature 1 AGNILING 1 AG		(no more than 90 days after amendment file date)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.  Dated 6/36/2011  Signature Character Character Coencurate  (By the chairman or vice chairman of the board, passident or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)  Francise Birbragher-Rozencuaig  (Typed or printed name of person signing)	Adoption of Amendment(s)	(CHECK ONE)
Signature  Signature  Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)  Francise  Sirbragher-Rozencwaig  (Typed or printed name of person signing)		
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)  Francise Birbragher-Rozencwaig  (Typed or printed name of person signing)		
	Signature (By the have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of our appointed fiduciary by that fiduciary)
		Prasident (Title of person signing)