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			Division of Co Fax Number	orporations : (850)617-6380		201	
		From:	Account Name Account Number Phone Fax Number	: US TAX CONSULTING INC r : I20160000060 : (407)574-8969 : (407)674-8970		2018 AUG -7 PH 12: 44 SECRETARY OF STATE TALLAHASSEE FL	FILED
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Articles of Amendment to Articles of Incorporation of

BIS ARTS FOUNDATION INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000006281

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
C. Enter new mailing address MAY BE A POST OFFICE BOX

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address;

Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent – I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT John D</u> Y <u>Mike J</u> SV Sally S	lones	
<u>Type of Action</u> (Check One)	_Tit <u>le</u>	Name	Address
1) Change	Director	PAMELA SANTOS ROCCHE	1025 S HIAWASSEE RD #2228
Adć			ORLANDO, FL 32835
X Remove			
2) Change	<u> </u>		
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			<u> </u>
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5) Change			
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Remove			
6) Change			
Add			
Remove		Page 2 of 4	<u> </u>

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E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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No. 2747 P. 5

date this document was signed.	doption: if other than the			
Effective date if applicable:	· ·			
	(no more than 90 days after amendment file date)			
<u>Note:</u> If the date inserted in this blo document's effective date on the Dep	ick does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/ware ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) il.			
There are no members or memb adopted by the board of directo	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.			
Dated	3			
Signature	Riscila (Aska.			
. have not bee	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)			
	PRISCILA TRISKA			
	(Typed or printed name of person signing)			

(Title of person signing)

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