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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	FUNDACION ARTE	NEO CORP		
	N18000006828			- "
DOCUMENT NUMBER:				
The enclosed Articles of Am	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
MANUEL SALAMANCA				
	(Name of Contact Po	rson)	
FUNDACION ARTENEO	CORP			
		(Firm/ Company	/)	
8462 SHADE GLEN DR				
		(Address)		
ORLANDO, FL 32819				
	(City/ State and Zip	Code)	
ARTENEORLANDO@HC	TMAIL.COM			
E	-mail address: (to be used)	for future annual rep	ort notification	1)
For further information conc	erning this matter, please c	all:		
MANUEL SALAMANCA		at	407	731-0331
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of :	State:
■ \$35 Filing Fee	S43.75 Filing Fee & C Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing 3	ddmarr	C+.	anne Addmini	

Mailing Address
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FUNDACION ARTENEO CORP

(Name of Corporation as curr N18000006828	entry med with the Fiorid	a trept. or state)
	mber of Corporation (if kno	wn)
Pursuant to the provisions of section 617,1006, Florida Statimendment(s) to its Articles of Incorporation:	utes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated"	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>	10 8 9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered o	ffice address in Florida, er	ter the name of the
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent:		
New Registered Office Address:	(Flore	la street address)
		Florida
	(Ciţy)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am		obligations of the position.
	Signature of New Registers	rd Agent, if changing

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; X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	MANUEL SALAMANCA	8462 SHADY GLEN DR
Add			ORLANDO, FL 32819
Remove			
2) X Change	VP	JESUS RIVERO	8462 SHADY GLEN DR
Add			ORLANDO, FL 32819
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add Remove			
Keniove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
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		doption:	, if other than the
date	this document was signed.		
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this b ument's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	ot be listed as the
Add	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
	There are no members or mer adopted by the board of direc		
	09/21/20 Dated	18	
	Signature	Milloute	
	have not b	irman or yiec chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	MANU	EL SALAMANCA	
		(Typed or printed name of person signing)	
	PRESI	DENT	
		(Title of person signing)	