To:

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(((H20000080669 3)))



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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **FUNDARTES CORP**

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COVER LETTER

TO:	Amendment Section		
	Division of Corporations		

NAME OF CORPORATION	FUNDARTES CORF			
	19000011436			
DOCUMENT NUMBER: _	-			
The enclosed Articles of Ame	ndment and fee are submi	ited for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
	Cheyer	nne Moseley		
	(Name of Contact Person)		
	Legalzo	om.com, Inc.		
-		(Firm/ Company)		
	101 N. Bran	d Blvd., 11th Floor		
		(Address)		
	Glenda	le, CA 91203		
		City/ State and Zip Code)	
william.naza	ret@carijazz.com			
	mail address: (to be used	for future annual report r	otification)	
For further information conce	ming this matter, please of	:all:		
Cheyenne Moseley		800	773-0888 ext. 9724	
(Name of Cor	nact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida Depa	riment of State:	
S35 Filing Fee	□\$43.75 Fiting Fee & Certificate of Status	S43.75 Filing Fee &	☐\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address			Address	
Amendme		Amendment Section		
	l Corporations	Division of Corporations Clifton Building		
P.O. Box 0		7661 F	Executive Center Circle	
i aliahasse	e, FL 32314	2001 2		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FUNDARTES CORP			
(Name of Corporation as currently filed with the Florida Dept. of State)			
N19000011436			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation mendment(s) to its Articles of Incorporation:	adopts the f	ollowing	
A. If amending name, enter the new name of the corporation:			
		The new	
iame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name.	n "Corp." o	r "Inc."	
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)			
(Mailing duaress MAT BE A TOST GITTEL BOX)			
		20	
		इट	
D. If amending the registered agent and/or registered office address in Florida, enter the name of	the '		
new registered agent und/or the new registered office address:	••	,	
	. '•		
Name of New Registered Agent:	<u>:</u> :	AH 10: 33	
(Florido street address)	콧	ယ	
New Registered Office Address:	,		
, Florida			
(City)	(Zip Code	ታ	
New Registered Agent's Signature, if changing Registered Agent:			
New Registered Agent's Signature, it changing Registered Agent. I am familiar with and accept the obligations of the large the appointment as registered agent. I am familiar with and accept the obligations of the large transfer agent.	he position.		
Signature of New Registered Agent, if changing			

Page 1 of 4

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 X Remove X Add		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address 2
1) Channa	D	ALVARAY, LUIS	2420 BRICKELL AVE. APT 1041
1) Change			MIAMI, FL 33129
Add			Tram my r
Kemove	D	WILFREDO URBINA	1101 GROVE ST 33
2) Change X			EVANSTON, IL 60201
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		Page 2 of 4	

attach additional sheets, if necessary).	(Be specific)	
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		27.
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)- <u></u>
		7.
		
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Page 3 of 4

The date of each amen	2/11/2020		if other than the
date this document was			
Effective date <u>if applic</u>	able: (no more than 90 days after am	nendment file date)	_
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)		
The amendment(s) was/were sufficien	was/were adopted by the members and the number for approval.	r of votes cast for the amendment(s)	
There are no memindopted by the box	pers or members entitled to vote on the amendmentard of directors.	t(s). The amendment(s) was/were	
Dated	02/21/2020 NIN-0-		
Signature	(By the chairman or vice chairman of the board, pro- have not been selected, by an incorporator – if in other court appointed fiduciary by that fiduciary)	the hands of a receiver, trustee, or	
WIL	LIAM NAZARET		MAR TO
	(Typed or printed name of person sign	ming)	
PRE	SIDENT	<u> </u>	·
	(Title of person signing)	<u>.</u>	· · · · · · · · · · · · · · · · · · ·