N2000012637

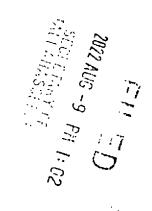
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Boodinent Hamber)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
DEC - 5 2022		
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COVER LETTER

TO: Amendment Section Division of Corporations

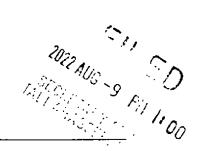
Tallahassee, FL 32314

NAME OF CORPORATION:	ARTESANO GLOBAL F	OUNDATION INC	
DOCUMENT NUMBER:	N20000012637		
The enclosed Articles of Amendment	and fee are submitted for fili	ng.	
Please return all correspondence conc	erning this matter to the follo	wing:	
EFREN A. RIVAS			
	(Name of Co	ontact Person)	
GLOBAL BUSINESS SERVICES &	& CONSULTING, INC		
	(Firm/ C	ompany)	 -
441 SW 131st AVE			
****	(Add	iress)	
DAVIE, FL 33325			
	(City/ State a	and Zip Code)	
CYBERSERVICESBUSINESS@G	MAIL.COM		
E-mail add	ress: (to be used for future an	nual report notification)	
For further information concerning th	s matter, please call:		
EFREN A. RIVAS		305 5585846	
(Name of	Contact Person)	(Area Code) (Daytime	Telephone Number)
Enclosed is a check for the following	amount made payable to the	Florida Department of State:	
	5 Filing Fee & S43.75 Fil icate of Status Certified C (Additional enclosed)	Copy Certificate of Stati	us
Mailing Address Amendment Section Division of Corpora P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



ARTESANO GLOBAL FOUNDATION, INC

(Name of Corporation as currently filed with the	Florida De	ept, of State)	
٨	\$200000126	637	
(Docume	ent Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Flori amendment(s) to its Articles of Incorporation:	ida Statutes	s, this <i>Florida Not For Profit Corporation</i> adopts	the following
A. If amending name, enter the new name of the N/A	corporatio	on:	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		ion" or "incorporated" or the abbreviation "Corp	
B. Enter new principal office address, if applicat	ole:	441 SW 131st AVE	
(Principal office address MUST BE A STREET AL		DAVIE, FL 33325	
	-		—
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X</u>)	441 SW 131st AVE	
,		DAVIE, FL 33325	
D. If amending the registered agent and/or regist new registered agent and/or the new registere			
		BUSINESS SERVICES & CONSULTINGING	_
	441 SW	131st AVE	
New Registered Office Address:		(Florida street address)	
	DAVIE	. Florida 33	325
-		(City) (Zip Code,	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	egistered A Lam fam	uiliar with and accept the obligations of the positi	วก.
_	Sig	nature of Next Registered 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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	TRU	MARIANA LEON MARMOL	117 Sand Wedge Pl Walnut Creek
Remove 2) A Change Add	S	BERTHA VIVAS ESCORCHE	CA 94598 14116 LILY CT Wellington FL 33414
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
	<u>.</u>		

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an amendment provides for an exchange, reclassification, or cancellation of issued shares	
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	•
(if not applicable, indicate N/A)	
1	
· 	
	
	<u> </u>
	

The date of each amendment(s) adopt	tion:	, if other than the
date this document was signed.		
Effective date if applicable:	07-29-2022 (no more than 90 days after amendment file dat	
 	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the alient for approval.	mendment(s)
	ed by the shareholders through voting groups. The follow th voting group entitled to vote separately on the amendment	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
(By a direct selected, by	tor, president of other officer – if directors or officers have y an incorporator – if in the hands of a receiver, trustee, offiduciary by that fiduciary)	e not been other court
	CARMEN JULIETA CENTENO	
	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	