N24000006646

(Re	equestor's Name)	
(Ad	ddress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FL

2024 JUL 18 PM 4: 12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	Boundless Artisans						
DOCUMENT NUMBER	N24000006646						
The enclosed Articles of A	mendment and fee are sub	omitted for filing.					
Please return all correspond	dence concerning this mat	ter to the following	<u>;</u> :				
Ruthanne Alarcon							
		(Name of Contac	t Person)				_
		(Firm/ Comp	anv)				
344 OAK LEAF CIRCLE		(v mm comp	,,,,				
	· = ·	(Address)			·	
LAKE MARY, FL 32746						10	
		(City/ State and Z	(ip Code)		·	7.00	202 4
BoundlessArtisansInc@gm	nail.com					CRET	
	E-mail address: (to be use	d for future annual	report noti	fication	1)	- 	
For further information con	cerning this matter, please	e call:				HASSEE,	
Ruthanne Alarcon			407 at		2429188	STAA	£.
	(Name of Contact Persor	1)	(Area (Code)	(Daytime Telep	hone Numb er)	_~∨
Enclosed is a check for the	following amount made p	ayable to the Flori	da Departn	ent of S	State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)		
Mailing Amendm	Address ent Section		Street Ado		on.		

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

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

ROHNDL	523	ADTICANIC	INIC

ida Dept. of State)	
umber of Corporation (if known)	
atutes, this Florida Not For Profit Corporation adopts the	e following
oration:	
	Th., 42
poration" or "incorporated" or the abbreviation "Corp."	_The new or "Inc "
N/A	
SSS) _{N/A}	
N/A	
N/A	_
N/A	
N/A	-
office address in Florida, enter the name of the	
	υ
	TA
(Florido street address)	RETARY OF S
(City) (Zip Code)	HON THE
red Agent: familiar with and accept the obligations of the position.	SSEE, FL
/A	
	oration: Oration: Oration: Oration: N/A N/A N/A N/A N/A N/A N/A N/

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, Treusurer, 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 F. 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 D V Mike J SV Sally S	ones		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
Change Add Remove	<u>VP</u>	Jeanne Jewett	607 Orange Tree Ct Maitland, FL 32751	
2) Change Add	D	Deanna Mueller	461 Cedar Mountain View Blairsville GA 30512	
Remove 3) Change	<u>D</u>	Michelle Renta	881 Braemer Ln De Land, FL 32724	
4) Change Add				
Remove 5; Change Add			SECRETALIAN	2024 JUL
Remove 6) Change Add			CRETARY OF STALLAHASSEE.	18 PH 4:
Remove			——————————————————————————————————————	: 12
E. If amending or addin (attach additional shee	ig additional Arti- ts, if necessary).	cles, enter change(s) here: (Be specific)		
N/A				

N/A	
	
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	(6)
	2024 SEC: TA
	SEORETARY TALLAHAS
	. 18 AR) (HA)
	SS 0 →
	EE, S
	M 4: 12 OF STATE SSEE, FL
	m ,
The date of each amendment(s) adoption: 060124 ate this document was signed.	, if other than the
Effective date <u>if applicable</u> : 060124	
(no more than 90 days after amendment file date)	
iote: If the date inserted in this block does not meet the applicable statutory filing requirements ocument's effective date on the Department of State's records.	, this date will not be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	mendment(s)

Dated	
Signature (By the chairmen of the	board, president or other officer-it directors
have not been selected, by an incorporate other court appointed fiduciary by that fi	or - if in the hands of a receiver, trustee, or
Jennifer Dickel	
(Typed or prin	ited name of person signing)

(Title of person signing)