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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	. 0
	Qe	or mayor





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COVER LETTER

TO: Amendment Section
Division of Corporations

The Art Guild, Inc. NAME OF CORPORATION:
N97000006401 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linda Punzak
(Name of Contact Person)
The Art Guild, Inc.
(Firm/ Company)
Post Office Box 470001
(Address)
St. Petersburg, FL 33743-0001
(City/ State and Zip Code)
theartguild.board@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Punzak 727 452-5858
(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:
\$35 Filing Fee

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

The Art Guild, Inc.					
(Name of Corporation	as currer	ntly filed with the Flo	rida Dept. of St	ate)	
N9700006401					
(Docum	ent Numb	ber of Corporation (if)	cnown)		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	ida Statut	es, this <i>Florida Not F</i> o	or Profit Corport	ation adopts the	ollowing
A. If amending name, enter the new name of the N/A	corporat	tion:			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ition" or "incorporate	d" or the abbrev	iation "Corp." o	The new r "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL		N/A			
<u>Name of New Registered Agent:</u>	tered offic	address: nzak	enter the name	ALL AHASSEE, FL	2019 JUL 29 PH 4: 25
New Registered Office Address:		(F	lorida street address)	
•	Treasure l	Island	. i	Florida 33706	
	. .	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Red hereby accept the appointment as registered agent.	l am fai	miliar with and accept	mout	,	

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 [V Mike. SV Sally !	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Margaret Stein	900 Live Oak Ave N
X Add			St. Petersburg, FL 33703
Remove			
2) Change	T	Patricia Bradley Van Leuvan	120 108th Avenue
Add			Treasure Island, FL 33706
X Remove			
3) Change	<u> </u>	Linda Hart Punzak	1310 45 Ave N
X Add			St. Petersburg, FL 33703
Remove			
4) Change	S	Helen Mullins	5980 Shore Blvd S, #209
Add			Gulfport, FL 33703
X Remove			
5) Change	<u>s</u>	Lisa Lombardi	10610 Park Place Drive
X Add			Seminole, FL 33778
Remove			
6) Change	2	Regot Smith Stein	900 Live ock Aug A
Add	•		St Retersburg FL 337

E. If amending or adding additional Arti	cles, enter change(s)	<u>here</u> :		
(attach additional sheets, if necessary).	(Be specific)			
N/A				
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the an was/were sufficient for approval.	nendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	was/were
Dated Dated Signature Signature	
(By the chairman or vice chairman of the board, president or other officer- have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
Margaret Stein	
(Typed or printed name of person signing)	
President	
(Title of person signing)	