## P00000041480

(Re	equestor's Name)			
(Ad	dress)			
, (Ac	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	ocument Number)	<u> </u>		
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Manors, FL City/ State and Zip Code Photo @ Domino - art. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 776 - 9472 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **☑** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Doming Art Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P00000061480	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cover "Corp.," "Inc," or "Cover "Corp.," "Inc," or "Cover "Corp.," "Inc," or "Cover "Corp.," or the abbreviation "Inc," or the abbreviat	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Name of New Registered Agent	
(Florida stre	eet address)
New Registered Agent's Signature, if changing Registered Agent:	(City) (Zip Code)
I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position?

Signature of New 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	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>\$V</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1)Change	\$	<u>Paulina Blagoev</u>	2215 NE 9#			
Add			AVE WIHON Manors			
Remove			FL 33305			
2) Change		_				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	(Be specific)
N/A	
10//	
TO	1 10 de la
nrovisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	Andrew II not contained parties and an anomaly
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 00/20/2016  (no more than 90 days after amendment file date)	
' (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, this date vegocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 05/24/16	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<del></del>
Planen Blopoev (Typed or printed name of person againg)	
(Typed or printed name of person signing)	
· oresident	

(Title of person signing)