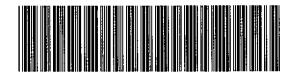
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: MASTER Artist Faux Painting Covp.  DOCUMENT NUMBER: PO 10000 9334
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Mighano Name of Contact Person
MASTER Artist Fank Pointing Corp.
11958 NW 53 rd Ct.
Coral Springs FC, 33076 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Mignuno at (954) 415-6034  Name of Contact Person at (954) 415-6034  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)

### **Mailing Address**

· 5

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

Master Artist Fam	x Painting	Corp.	
(Name of Corporation as currently	filed with the Florida Dep	t. of State	
701000 00 9334			
(Document Number	of Corporation (if known)		
Dimension to the provisions of goation 607 1006 Flore	ido Crosusos shis El-24- D-	- <b>C</b> -	-11i
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Siatutes, this <i>Flortaa Pre</i>	oju Corporation adopts the to	bliowing amendment(s) to
A. If amending name, enter the new name of the	<u>corporation:</u>		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	rp," "Inc," or "Co". A pr	any," or "incorporated" or ofessional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applical	hle•		
(Principal office address MUST BE A STREET A	DDRESS )		<del></del>
	<del></del>		—— <u>**</u>
~ /	<u></u>		76
			- Set
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	ROX)		
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			<del></del>
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	<del></del>	*	<b>宣帝</b> 2
D. If amending the Negistered agent and/or registered agent and/or the new registered.		ida, enter the name of the	
new registered agent and/or the new registere	ed office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing R			
I hereby accept the appointment as registered agent	t. I am familiar with and ac	cept the obligations of the po	sition.
Signature of	New Registered Agent, if cha	inging	

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 Jone	<u>es</u>	
X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	7	<u>Name</u>	Address
1) Change	Theas	uret _	Anthony M. Mignone	6220 Wiles rd. Apt. 306 Coral Springs Fc. 3307
Add			1 0	Apt. 306
Remove				Coral Springs Fl. 3307
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				<del>,</del>
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
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Remove				

	ticles, enter change(s) here: (Be specific)
	` /
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<del> </del>	
If an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amenament fite date)
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 9 19 2012
Signature ( ) mthow Mignama
(By a director, president of other of tider - 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)
Anthony Mignano
(Typed or printed name of person signing)
President
(Title of person signing)