P06000155396

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2022 MAY 17 AM 7: 23 SECRETARY OF STATE TALLAHASSEF PA

A. BUTLER
JUL 22 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: D & E Artistic Tot	ich Corp			
	BER: P06000155396		· · · · · · · · · · · · · · · · · · ·		
	of Amendment and fee are su	dunitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	Damian E Acosta				
		Name of Contact Person	1		
	D & E Artistic Touch Corp				
		Firm/ Company			
	415 SW 33 Ave				
	· · · · · · · · · · · · · · · · · · ·	Address	···		
	Miami FL 33135				
	City/ State and Zip Code				
	damian@dandeartistictouch.c	zom			
	E-mail address; (to be u	sed for future annual report	notification)		
	on concerning this matter, plea		519-7293		
Name	of Contact Person	at () 519-2223 de & Daytime Telephone Number		
rinciosed is a check to	or the following amount made	payable to the ribrida Dep	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy tAdditional Copy is enclosed)		
Mailing Address			Address		
	endment Section	Amendment Section			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations The Centre of Tallahassee			
		2415 N. Momoe Street, Suite 810			

Tallahassee, Ft. 32303

Articles of Amendment to Articles of Incorporation of

FILED

to

D & E Artistic Touch Corp		2022 MAY 17 AM 7: 23
(Name of Corpo	oration as currently filed with the Flor	ida Dept. of State)
P06000155396		SECRETARY OF STATE
(D)	ocument Number of Corporation (if kno	WIJALLAHASSEE: FI.
Pursuant to the provisions of section 607,1006, Flits Articles of Incorporation:		
A. If amending name, enter the new name of the	he corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a	'Inc." or "Co". A professional corpo	porated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET		
		
		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICI</u>	<u>E BON</u>)	
		
D. If amounting the production of another models are	aistanul affias addus e in Danida, anta	with any softha
D. If amending the registered agent and/or reg new registered agent and/or the new register		Tare name of the
Name of New Registered Agent		
·	(Florida street address)	
New Registered Office Address:		. Florida
New Registered Counce Addition.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Thereby accept the appointment as registered age		obligations of the position.
	•	
	/Af b	,
	Signature of New Registered Agent, if el	ungmg

Check if applicable

 \square The amendment(s) is are being tiled pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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. Cu vently 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.

\underline{X} Change	$\overline{\mathbf{b}L}$	John Doc	
X Remove	\underline{y}	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Osvaldo I. Acosta	415 SW 33 Ave
Add			Miami FL 33135
X Remove 2) Change	VΡ	Monica I. Chamorro Acosta	415 SW 33 Ave
X Add			Miami F1, 33135
Romove 3) Change			
Add			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove 6) Change			
A.id			
Remove			

Air	nending or adding additiona th additional sheets, if necesso	r Activies, enter gliant ary). — (Be specific)	comerc.		
175110	in additional success if necessary	ary n			
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		· · · · · · · · · · · · · · · · · · ·			
	amendment provides for a				
pr	visions for implementing the (if not applicable, indicate N	<u>e amendment it not co</u> 740	intained in the ame	ndment itself:	
	An nor appacator, mateure is	21)			
					
					.

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
-		
Effective date <u>if applicable</u> :	tno more than $^{\circ}0$ days after amendment file date.)
Note: If the date inserted in this I document's effective it to on the D	block does not meet the applicable statutory filing requirement epartment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
The amendment(s) was were ad action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was were ad by the shareholders was were s	opted by the shareholders. The number of votes east for the amufficient for approval.	iendment(s)
	proved by the shareholders through voting groups. The following each voting group cutiled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	···	
·	(voting group)	
May 11 20 Dated	11	
(By a c	firector, president or other officer – if directors or officers have ad, by an incorporator – if in the hands of a receiver, trustee, or sted fiduciary by that fiduciary)	
	Damian E Acosta	
	(Typed or printed name of person signing)	
	President	
	(Title or person signing)	