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TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION:	FLORALIA	INVESTMENTS	AND	ASSOCIATES	INC
DOCUMENT NUMBER:					

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAY F JAKELA Name of Contact Person ART FUSION GALLERIES Firm/Company 3550 NORTH MIAMI AVENUE Address MIAMI FL 33127 City/State and Zip Code AY JAKELA WYAHOD. OM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 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 (Additional Copy is enclosed)

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

t Articles of h	Amendment to
	ncorporation of
FLORALIA INVESTMENTS A (Name of Corporation as curren P0700123815	ND ASSOCIATES INC
(<u>Name of Corporation as curren</u>	itly filed with the Florida Dept. of State)
P07000123815	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: $\chi//A$	
N/N name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A FILED
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	dress in Florida, enter the name of the
<u>Name of New Registered Agent</u> <u>N/A</u>	
(Florida si	treet address)
New Registered Office Address:	. Florida

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I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

<u>x//A</u> 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:

<u>X</u> Change	<u>PT John</u>	Due	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	A <u>ddres</u> s
1) Change	VP	JAY JAKELA	ART FUSION GALLERIES 3550 NORTH MIAMI AVENUE
Add			3550 NORTH MIAMI AVENUE
Kemove			MIAMI, FL 33127
2) Change	<u></u>		
Add			
Remove			
3) Change			
Add			10 m
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	i <mark>cles, enter_change(s) herc</mark> : (Be specific)
<u> </u>	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:

The date of each amendment(s) adoption: 8.14.2017	, if other than the
date this document was signed. Effective date if applicable: $F - 14 - 2017$	
Enective date <u>in applicable</u> .	
(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 w document's effective date on the Department of State's records.	ill not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
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 8/14/2017	
Dated 8/14/2017 Signature Aug 7 Jakala	
(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)	
JAY F JAKELA	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	

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