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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: ARS Interiors & Design, Inc
DOCUMENT NUMBER: <u>01ФФФФ</u> 36679
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Gonzala Name of Contact Reson
ARS Interiors & Design, Inc.
141 NW 193 Are Address
Pembroke Ones, FL 33029 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number

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

Articles of Amendment Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State)

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(Document Number of Corp	poration (if known)	هي خرج
Pursuant to the provisions of section 607.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation adopts the fo
A. If amending name, enter the new name of the corpor	ration:	
name must be distinguishable and contain the word " abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional as	n "Corp," "Inc," or "	'Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)		JW 193 AR 0 Diris, FL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	33029 1141 N Pembro	W 193 AR Ske Pinos, FL 33029
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic Name of New Registered Agent:	office address in Flori	•
New Registered Office Address:	Florida street address)
	City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: familiar with and acc	ept the obligations of the position
Signature of	New Registered Agent	t, 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)

Title	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Add☐ Remove
	ng or adding additional Articles, enter itional sheets, if necessary). (Be spec		
provision	ndment provides for an exchange, rec s for implementing the amendment if applicable, indicate N/A)		

The date of each amendment(s)	adoption: 500 5, 2011
Effective date <u>if applicable</u> :	(date of adoption is required) June 1, 2011
Effective date <u>it applicable</u> :	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
· · · · · · · · · · · · · · · · · · ·	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1	oting group)
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	re-20, 2011
selecte	Rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Oresi dont
	(Title of person signing)