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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ARTX IMAGES I	NC		
DOCUMENT NUMB				
	f Amendment and fee are su	bmitted for fili	ng.	
Please return all corresp	ondence concerning this ma	tter to the follo	owing:	
Ī	Rodrigo Torres			
-	_	Name of Co	ontact Person	n
-		Firm/ (Company	
1	950 N Commerce Parkway	Suite 2		
`	Weston/ FI 33326	Ad	dress	
-		City/ State	and Zip Cod	e
rodrigo	o@imagesartx.com			/
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	concerning this matter, pleas	se call:		
Rodrigo Torres		at (954	
Name o	Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the	Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Il copy is	□\$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			Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARTX IMAGES, INC.		
(Name of Corporation as curren	tly filed with the Florida Dept. o	f State)
P10000099881		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s <i>Florida Profit Corporation</i> adop	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
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	
B. Enter new principal office address, if applicable:	1950 N Commerce Parkway	Suite 2
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Weston, Fl 33326	
		9 7
		ज ज
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P D
		- 13
		<u></u> 4
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name	of the
new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:		lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ıt:	
I hereby accept the appointment as registered agent. I am familia		f 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> <u>John</u>	Doc	
X Remove	V Mike	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Presiden	PONTES TORRES, RODRIGO	1950 N Commerce Parkway
Add			Suite 2
X Remove			Weston, FI 33326
2) Change	Presiden	TORRES, RODRIGO	1950 N Commerce Parkway
X Add			Suite 2
Remove			Weston, F1 33326
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
<u> </u>	 	
		 _
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 da document's effective date on the Department of State's records.	te will not be listed as the
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.	8)
☐ 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):	int
"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.	217
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 09/27/2018 Dated	rt
(Typed or printed name of person signing)	
President	

(Title of person signing)