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SECRETARY OF STATE
ALLAHASSEF FINATE

Amend

MAY 0 9 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORA	ATION: Artisa	an Seal In	.e.
DOCUMENT NUMBI	ation: <u>Ar4isa</u> er: <u>P1/000</u>	056799	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Rog.	er Rejas Name of Contact Person	
	M 1.	Name of Contact Person	1
_	Hrtisa	n Seal. T	ne,
	2310 NE	3310 Terras Address H FL 32 City/ State and Zip Code	20
-		Address	·····
	Cape Cora	4 FL 33	3909
_	•	City/ State and Zip Cod	е
art	jsan seal @ ho E-mail address: (to be us	mail. com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Roger	Rojas	at (239	745-0972 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made I	payable to the Florida Depa	urtment 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 (Additional Copy is enclosed)
	ng Address		Address
	dment Section on of Corporations		lment Section on of Corporations
	on of Corporations Sox 6327		Building
Tallah	nassee, FL 32314	2661 E	xecutive Center Circle
		Tallaha	assee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

Artisan S	Seal In	ce,	40	, 岂 ,
(Name of C	orporation as curr	ently filed with the Florid	la Dept. of State)	公 盖
P110000	56799		P	
		er of Corporation (if known	1)	S. 7.
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, t	this <i>Florida Profit Corpord</i>	ation adopts the follow	ing amendmen
A. If amending name, enter the new name	of the corporation	<u>:</u>		Bri
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association,	n "Corp," "Inc," c	or "Co". 'A professional o		
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		<i>N</i>	<u> </u>	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		<i>N/</i>	4	
D. If amending the registered agent and/or new registered agent and/or the new re			he name of the	
Name of New Registered Agent		N/A		
_	(Florida	a street address)		_
New Registered Office Address:		(City)	, Florida (Zi	p Code)
New Registered Agent's Signature, if change of the second state of the second state of the second se			igations of the position	ı.
	Signature of No.	ow Registered Agent if cha	nging	-

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:		uy 5min, 5r us un nuu.		
X Change	PT	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		Alexander Pa	aube 2310 NE 335 d Cape Coral FC	Texace
Add Remove			Cape Coral PC	_33909
2) Change	C	Leandro C. G	zonzalez 2310 NE 3 Cape Coral F	3º8 Terrac
X Add			Cape Coral F	2 33909
Remove				
3) Change				
Add				
Remove			,	·····
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
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Q amova				

(Attach additional sheets, if necessary).	
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if an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:

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 date we document's effective date on the Department of State's records.	ill not be listed as the
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"	
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 4/30/17	
Signature	
(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)	
Tacqueline Maseda (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Vice Possident	
(Title of person signing)	