P12600018493

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: ART & PAPS CO	RPORATION	
	12000018493		
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	
ROSIS	SUAREZ-ELIAS		
		Name of Contact Person	1
		Firm/ Company	
21316	CAMPO ALLEGRO I	DRIVE	
		Address	· · · · · · · · · · · · · · · · · · ·
BOCA	RATON, FL 33433		
		City/ State and Zip Code	2
RONING66@	HOTMAIL.COM		
E-	mail address: (to be us	sed for future annual report	notification)
For further information concer	ning this matter, pleas	e call:	
ROSIS SUAREZ-ELIAS		at (<u>561</u>	665-1725
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	payable to the Florida Depa	rtment of State:
-	\$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 Ad Amendment Division of P.O. Box 63 Tallahassee	Section Corporations 27	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARTS & PAPS CORPORATION

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P12000018493	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	poration:
IMPRESIONES GRAFICAS INC.	The ~pew
	" "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must-contain the
B. Enter new principal office address, if applicable:	الم المنظمة ال
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
D. If amending the registered agent and/or registered	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
•	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.
Thereby decept the appointment as requirered agent.	. and January and decept the annightness of the province
Cian	store of New Pagistanad 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 = Trustce; 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 <math>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>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	n <u>es</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Add Remove				
TELLIONE				

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
	-			·
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,				
		·		
	-	· -		
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassifica endment if not con	tion, or cancellation tained in the amend	n of issued shares, dment itself:	
				<u>-</u>
			<u> </u>	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 req document's effective date on the Department of State's records.	uirements, this date will 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 fo by the shareholders was/were sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	following statement nendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	**
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	nd shareholder
3/11/2017	
Dated	
Signature Telao	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	
ROSIS SUAREZ-ELIAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	