

PI3000016913

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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AND
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14 APR 16 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 17 2014
EXAMINER

FILING INSTRUCTIONS

ARTICLES OF CORRECTION

Mail to ENVELOPE ATTACHED REMIT \$43.75 TO THE FLORIDA DIVISION OF
CORPORATIONS

PLEASE CALL IF YOU REQUIRE ADDITIONAL INFORMATION

REGARDS,

RICHARD BAROUH, CPA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AFFOGAT-O Inc
Name of Corporation

DOCUMENT NUMBER: P13000016913

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

Please return all correspondence concerning this matter to the following:

ofelia Atkinson

Name of Contact Person

Firm/Company

16102 emerald estates dr #214

Address

weston, fl 33331

City/State and Zip Code

rbar597@aol.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

richard barouh at **(954) 4242154**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

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Articles of Amendment
to
Articles of Incorporation
ofSECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFOGAT-OI INC

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

P13000016913

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:A. If amending name, enter the new name of the corporation:

ART n SIP STUDIO! INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:(Principal office address **MUST BE A STREET ADDRESS**)C. Enter new mailing address, if applicable:(Mailing address **MAY BE A POST OFFICE BOX**)D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change
☐ Add
☐ Remove

2) ☐ Change
☐ Add
☐ Remove

3) ☐ Change
☐ Add
☐ Remove

4) ☐ Change
☐ Add
☐ Remove

5) ☐ Change
☐ Add
☐ Remove

6) ☐ Change
☐ Add
☐ Remove

F. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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FILED

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SECRETARY OF S. ATL.
TALLAHASSEE, FLORIDA

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)

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 _____"
(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

4/17/14

Signature

Ofelia Atkinson

(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)

OFELIA ATKINSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)