P14000017150

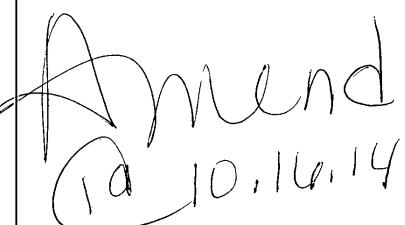
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations NAME OF CORPORATION: ART PRIVE INC. DOCUMENT NUMBER: P14000017750 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lissette B. Ortiz, Esq. Name of Contact Person Lissette B. Ortiz, P.A. 1430 S. Dixie Hwy, Ste 321 Coral Gables, FL 33146 City/ State and Zip Code lawortiz@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lissette Ortiz $_{\rm at}$ (305) 665-5270 Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

■ \$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment Articles of Incorporation of



Art Prive Inc.

(Name of Corporation as currently filed with the Florida Dept, of State) P14000017750

amendment(s) to

(Document Number	er of Corporation (if ki	nown)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Corporation ad	lopts the following amendme
A. If amending name, enter the new name of th	te corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corpora	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		•	
D. If amending the registered agent and/or reginew registered agent and/or the new register		in Florida, enter the nan	ne of the
Name of New Registered Agent			
	(Florida street d	address)	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing l I hereby accept the appointment as registered ager		and accept the obligations	s of the position.
Signature	f Nav. Pagistared Agar	nt if changing	

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>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	٠
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S		Caridad Martinez	6925 Gleneagle Drive
Add				Miami Lakes, FL 33014
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				
6) Change				
Add		_		
Remove				
. INCHIBIYE				

[amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
or implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	· ·

The date of each amendment(s) adoption: September 1, 2014		
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_9/30/2014		
SignatureLinette OI		
(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)		
appointed indiciary by that indiciary)		
Lissette B. Ortiz, Esq.		
(Typed or printed name of person signing)	_	
Attorney-in-Fact		
(Title of person signing)		