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COVER LETTER

Division of Corporations
name of corporation: Artistry In Motion Holographics, Inc. document number: P14000059189
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carl Minardo Name of Contact Person
Artistry In Motion Holographics
222 Lakeview Avenue, Suite 1750
West Palm Beach, FL 3340/ City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
1man address, (to be used to rattire angual report normeation)
For further information concerning this matter, please call:
Carl Minardo == 1609, 923-2286
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

Mailing Address

TO: Amendment Section

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

(Additional copy is

enclosed)

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

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of Incorporation

of
Artistry In Motion Holographics, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P14000059189
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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 <u>MUST BE A STREET ADDRESS</u>)
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 (ar Minardo
222 Lakeview Avenue, Suite 1750 (Florida street address) New Registered Office Address: West Palm Beach Florida 33401 (City) (City) (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

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ddress 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:

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 neld. President, Treasurer, Director would be PTD.

Thanges 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:	e, and saily smill	1, 37 tas un 7ma.	
X Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO-T	Steven R Harless	222 Lakeview Ave
Add Remove			West Polm Beach Fl33/101
2) Change 	M 5	Coroline O Harless	222 Lakeview Ave
Add Remove			West Polm Beach FL 33401
3) Change Add			
Remove			
4) Change Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change Add			
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<u>rovisions for imp</u>	lementing the amendr	ment if not contain	ned in the amendr	nent itself:	
(if not applicat	ble, indicate(N A)				
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he date of each amendment(s) adoption:	, if other than the
late this document was signed.	-
Effective date <u>if applicable</u> : ///2//19	
(no more/than 90 days after amendment	file date)
Vote: If the date inserted in this block does not meet the applicable statutory filing requirement'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 east for by the shareholders was/were sufficient for approval.	or 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 a	
"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 act action was not required.	ion and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	nd shareholder
Dated 11/31/19	
Signature	
(By a director, president or other officer - if directors or offic	
selected by an incorporator – if in the hands of a receiver, true appointed fiduciary by that fiduciary)	istee, or other court
<u>Carl Minardo</u>	
(Typed or printed name of person signing)	
<u>CEO</u>	
(Title of person signing)	