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JUN 20 2016 R. WHITE 15 JUR 14 AR 10:50

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Arte of Optio	ns, Inc			
DOCUMENT NUM	BER: P16000042970				
	of Amendment and fee are si	ibmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	MARIA SABIO				
	Name of Contact Person				
		Firm/ Company			
	601 NE 11TH STREET #410)			
		Address			
	FORT LAUDERDALE, FL	33304			
		City/ State and Zip Cod	e		
MAR	IA.SABIO@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
MARIA SABIO		at (<u>954</u>	336-5156		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fec & 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)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

16 JUN 14 AH 10: 50

THE AMERICA OF OPTIONS, INC.	% 500 #1 12 . W 16 . \$ 11.52
(Name of Corporation	on as currently filed with the Florida Dept. of State
P16000042970	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent: I am familiar with and accept the obligations of the position.
noising accept the appointment as regimenta agent. 1	am jammar wan unu uccept me vongutons of the position.
Signa	nture 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 De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	Title		Name	Address
1) Change	CEO		CHERYL SUE CHANE	601 NE 11TH ST #410
X Add				FORT LAUDERDALE, FL
Remove				33304
2)Change	,, <u>.</u>			
Add				
Remove				
3) Change				
Add				4*
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		·		
Add				
Domoseo				

E. If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
TOTAL SHARES: 100	
MARIA SABIO: 50	
CHERYL CHANE: 50	
, , , , , , , , , , , , , , , , , , ,	
4	
CHECKEN THE CONTRACT OF CONTRA	
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	6/1/2016	
The date of each amendment(s	adoption:	, if other than th
tate this document was signed.	/1/2016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The follows for each voting group entitled to vote separately on the amendment	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and	shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and share	eholder
6/6/2016 Dated	Maria Jako	
sele	a director, president or other officer – if directors or officers have sted, by an incorporator – if in the hands of a receiver, trustee, or sinted fiduciary by that fiduciary)	
	MARIA SABIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	