## P16000063282

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2018 DEC 10 PM 4: 13

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	INC. P.O. Box 3		enue. Tallahassee, Florida (850) 222-2666 or (800)	32303 J69-1666, Fax (350) 222-1666
		WA	LK IN	2018 TAL
	P	ICK UP: _	12/10/18	2018 DEC 10 PH SECRUTARY OF SECRE, F
	CERTIFIED COPY			PH F
XX	РНОТОСОРУ			<u> </u>
	CUS			
хх	FILING	AMEND	MENT	
	(CORPORATE NAME AND DO	OCUMENT #)		
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٠	(CORPORATE NAME AND DO	OCUMENT#)		

INSTRUCTIONS:

## COVER LETTER

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•		COVER LETTER	P. C.	MIN DEC 10 PM 4: 13	
TO: Amendment Se Division of Cor			A Company of the Comp	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME OF CORPO	ORATION: CINDER MANAG	GEMENT, INC.		105	
DOCUMENT NUM	P16000063282			Q.	
The enclosed Article	s of Amendment and fee are su	ubmitted for filing.			
Please return all corr	espondence concerning this ma	utter to the following:			
	ROBERT P. SALTSMAN, F	<b>.</b> P.A.			
		Name of Contact Perso	<del> </del>	-	
	ROBERT P. SALTSMAN, I				
	Firm/ Company				
	P.O. BOX 2146				
	•				
WINTER PARK, FL 32790					
		City/ State and Zip Cod	c		
JUE	Y@SALTSMANPA.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
ROBERT P. SALTS	ROBERT P. SALTSMAN, P.A.		647-2899		
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number	<u></u>	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$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)		
	niling Address nendment Section		Address ment Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## Articles of Amendment Articles of Incorporation of

	Articles of Amendment to Articles of Incorporation of
	to Articles of Incorporation
	of
CINDER MANAGEMENT, INC.	
(Name of Corpor	ation as currently filed with the Florida Dept. of State)
16000063282	
(Doc	cument Number of Corporation (if known)
s Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporation</i> adopts the following sme
. If amending name, enter the new name of the	e corporation:
ARTEMIS LIFESTYLE SERVICES, INC.	Nord "corporation," "company," or "incorporated" or the abbrevi
ord "chartered," "professional association," or to be seen that the seen principal office address, if applications of the seen address of the seen	ble:
Enter new principal office address, if application of the principal office address MUST BE A STREET A	ble: DDRESS)
3. Enter new principal office address, if applica Principal office address MUST BE A STREET A MUST BE A STREET	ble: DDRESS)  BON
3. Enter new principal office address, if applica Principal office address MUST BE A STREET A MUST BE A STREET	BON)  stered office address in Florida, cuter the name of the
2. Enter new principal office address, if applical Principal office address MUST BE A STREET	BON)  stered office address in Florida, cuter the name of the
B. Enter new principal office address, if applical Principal office address MUST BE A STREET	ble:  DDRESS)  BOX)  stered office address in Florida, enter the name of the ed office address:
B. Enter new principal office address, if applical Principal office address MUST BE A STREET	ble:  DDRESS)  BOX)  stered office address in Florida, cuter the name of the ed office address:

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

Thereby 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 = Chair, we 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 divided 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, it has a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: $X$ Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{Y}$	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Adútes</u> s
1) Change	VPD_		DAVID BURMAN	1631 E VINE STREET
X Add				SU.TE 300
Remove				KISSIMMEE, FL 34744
2) Change		_	<u> </u>	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_	<del></del>	
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		_	<del></del>	
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
<del></del>	<del></del>			
		<del></del>		
			<del></del> ——————————————————————————————————	
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			· <del>····································</del>	
f an amendment provides for an excha	inge, reclassification, o	r cancellation of issue	d chares,	
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained	in the amendment its	<u>eli:</u>	
(If not applicable, marcule (WA)				

The date of each amendment(s) add date this document was signed.	option:	if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this da artment of State's records.	to will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendments ficient for approval.	Ç
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):	tni
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholde	er e
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated <u>/2</u> Signature	Dominic Sali	
(By a dire selected,	ector, president or other officer — if Greetors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other cour d fiduciary by that fiduciary)	1
r	OOMINGO SANCHEZ	
_	(Typed or printed name of person signing)	
P	PRESIDENT	
<del></del>	(Title of person signing)	