P160000 89166

(Requestor's Name	·)
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
(Document Numbe	r)
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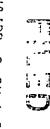
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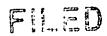
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ARTIUM AME, IN	√C.	
	BER: P16000089166		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	KEITH WILLIAMS		
		Name of Contact Persor	1
	ARTIUM AME, INC.		
		Firm/ Company	
	1164 NE CLEVELAND ST.		
		Address	
	CLEARWATER, FL 33755		
		City/ State and Zip Code	e
EYE	S9999@YAHOO.COM		
	•	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
KEITH WILLIAMS		at (<u>310</u>	403-9104
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio	Address Iment Section on of Corporations Building
			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ARTIUM AME, INC		2	nia add _ 9	PH 1: 09
(Name o	of Corporation as currently	y filed with the Florida	U	
P16000089166				1
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporati	on adopts the	following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "	Co". A professional co		or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S				
		 	<u>.</u>	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
D. If amending the registered agent an new registered agent and/or the nev			e name of the	<u> </u>
Name of New Registered Agent	N/A ADDRESS CHANGE	-		
<u>Name of New Negrsterea Agent</u>	213 Phillips PI			-
	(Florida stre	vet address)		
New Registered Office Address:	Orlando		, Florida	32806
Hew hegistered office maness.		(City)		(Zip Code)
None Descriptional Assessed Charles	Bara dan Baran			
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Registered Agent: Vered agent. I am familiar w	vith and accept the oblig	ations of the j	position.
· · · · · · · · · · · · · · · · · · ·	•	•		
-	Signature of Nov. D	egistered Agent, if chang		

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.

Evample: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change	<u></u> _		
Add			
Remove			

(Attac	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
-	
<u>If an</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	sions for implementing the amendment if not contained in the amendment itself:
	f not applicable, indicate N/A)
	

03/27/2019	
	, if other than the
date this document was signed.	
03/27/2019 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill 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 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 east for the amendment(s) was/were sufficient for approval	
by ."	
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.	
04/04/2019 Dated	
Signature (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)	
KEITH WILLIAMS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	