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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:	ART WEAR DESIGNS, C	CORP	
TOOCUMENT NUMBER	MBER:			
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
		ADOLFO CAMACHO		
		Name of Contact Perso	n	
	<u></u>	Firm/ Company		
	9745	ARBOR OAKS LANE A	PT 107	
_		Address		
	j	BOCA RATON, FL 33428		
		City/ State and Zip Cod	e	
	pa	tcamacho12@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information co	oncerning this matter, pleas	se call:		
ADOLFO CAMACHO		at (808-4163	
Name of C	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	e 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)	
	g Address	Street	Address	
	ment Section		Iment Section	
Division of Communicate		Distain.	San in C. Chamman and Lancia	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

 \mathbf{of}

HEART WEAR DESIGNS, CORP

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)
	P160010138	9
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
	nation "Corp," "Inc." or	The new on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		9824 GRAND VERDE WAY APT 904
		BOCA RATON, FL 33428
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9824 GRAND VERDE WAY APT 904
		BOCA RATON, FL 33428
		≥
D. If amending the registered agent an new registered agent and/or the ne		<u>(C. 1</u>
Name of New Registered Agent	PATRICIA CAMACHO	3. 2
Nume by wew negasierea rigem	9824 GRAND VERDE V	
	(Florida si	revi address) $\overline{\Sigma} = \overline{\omega}$
New Registered Office Address;	BOCA RATON	33428 Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>
I hereby accept the appointment as regis	tered 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 = 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> <u>J</u>	<u>lohn Doe</u>	
X Remove	<u>v</u> <u>r</u>	Mike Jones	
_X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ADOLFO CAMACHO	18311 CORAL ISLES DR
Add			BOCA RATON, FL 33498
X Remove			
2) Change	p	PATRICIA CAMACHO	9824 GRAND VERDE WAY
XAdd			BOCA RATON, FL 33428
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

amending or adding additional Art ttach additional sheets, if necessary).	. (Be specific)
an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(g ma appreciate, material (m),	
 ·	

	12/21/2017	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	1/2017	
Effective date <u>ir applicable</u> :	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this b document's effective date on the De		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes ficient for approval.	s cast for the amendment(s)
	roved by the shareholders through voting grou each voting group entitled to vote separately o	
"The number of votes cast to	or the amendment(s) was/were sufficient for a	approval
by		."
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder	action and shareholder
12/21/ Dated	2017	
Signature /	Millend	
(By a described	rector, president or other officer – if directors, by an incorporator – if in the hands of a rece ed fiduciary by that fiduciary)	
	ADOLFO CAMA	АСНО
•	(Typed or printed name of person s	signing)
	PRESIDEN	rr
•	(Title of person signing	<u>, , , , , , , , , , , , , , , , , , , </u>