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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ARTFINITY SOL	UTIONS CORP.	
DOCUMENT NUME	BER: P17000051141		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	RAQUEL B MOWRER		
		Name of Contact Person	n
	OGC ASSOCIATES ORLA	NDO CORP.	
		Firm/ Company	
	7065 WESTPOINTE BLVD		
		Address	
	ORLANDO, FL 32835		
	· ,	City/ State and Zip Cod	e
RAQ	UEL@OGCORLANDO.CO.	4	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (at	985-4404
Name (of Contact Person	at (Area Co	de & Daytime Telephone Number
	the following amount made		·
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

Articles of Amendment Articles of Incorporation of

ARTFINITY SOLUTIONS CORP.

(Name of Cornoration as currently filed with the Florida Dent. of State)

Articles (of Amendment
Articles of	of Amendment to f Incorporation of SOLUTIONS CORP. rently filed with the Florida Dept. of State)
	of Control of
	SOLUTIONS CORP.
(Name of Corporation as curr P17000051	
···	per of Corporation (if known)
	this Florida Profit Corporation adopts the following amendments
ts Articles of Incorporation:	this 1 tortaa 1 roju Corporation adopts the following amendments
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	609 OLYMPIC DR
Principal office address MUST BE A STREET ADDRESS)	OCOEE, FL 34761
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	609 OLYMPIC DR
	OCOEE, FL 34761
N 16 and 15 at 1 at 2	address in Florida, enter the name of the
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	lress:
new registered agent and/or the new registered office add	ORLANDO CORP
Name of New Registered Agent New Registered Agent 7065 WESTPOINTE	ORLANDO CORP
Name of New Registered Agent New Registered Agent 7065 WESTPOINTE	ORLANDO CORP BLVD. SUITE 303

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	CLAUDIA PAES	609 OLYMPIC DR
Add			OCOEE, FL 3476
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued sha provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	
provisions for implementing the amendment if not contained in the amendment itself:	
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(if not applicable, indicate N/A)	res,
(y noi applicane, maicae ini)	

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
08/06/18 Dated	1 Halles	
By a selecte	rector prosident or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	JOSE COELHO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .