## P180000 79055

(Requestor's Name)					
(Ac	(Address)				
(Address)					
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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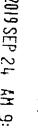
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ARTE ET MARTI	E, INC.	
	BER: P18000079055	!	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	YEMILE VERA		
		Name of Contact Person	n
	ARTE ET MARTE, INC.	1	••
	<u></u>	Firm/ Company	
	601 SW 123rd Avenue		
		Address	· · · · · · · · · · · · · · · · · · ·
	Miami, Florida 33184		
		City/ State and Zip Cod	e
onsite	chomehealth@yahoo.com		
<del></del>		sed for future annual report	notification)
	i concerning this matter, pleas		281-1319
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
	r the following amount made		
■ \$35 Filing Fee	□\$43.75 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.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

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## Articles of Amendment Articles of Incorporation of

ARTE ET MARTE INC			
(Name of Corporation	on as currently filed with the Florida Dep	ot. of State)	
P18000079055	I		
(Docum	nent Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation a	idopts the following amo	endment(s) to
A. If amending name, enter the new name of the co	rporation:		
•	·	Ti	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	" "Inc," or "Co". A professional corpor	porated" or the abbrev	
B. Enter new principal office address, if applicable (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>	ALL	201 <b>9</b> SET
D. If any disable and any disable at the second		(C)	24 M 9: 03
D. If amending the registered agent and/or register new registered agent and/or the new registered		me of the	. <u>-</u> -
Name of New Registered Agent		- -	. 03
-			
	(Florida street address)		
New Registered Office Address:	·	. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	ictared Screet		
I hereby accept the appointment as registered agent.		ns of the position.	
	1		
Circ	ature of New Registered Agent if changing		
.MVni	anne of Den Revisie/en avent il Chinoino		

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:

Please note the officer/director little by the first letter of the office little: P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>		
X Add	<u>\$V</u>	Şally Şı	mith	1	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	1	<u>Addres</u> s
1) Change	CFO		YEMILE VERA		601 SW 123RD AVENUE
Add					MIAMI, FLORIDA 33184
XXX Remove					
2) Change					· · · · · · · · · · · · · · · · · · ·
Add					
Remove					
3 ) Change		_	-		
Add				I	
Remove					<del></del>
4) Change					
Add					
Remove					
5) Change				<del> </del>	
Add					
Remove					
6) Change	· P d · I · · · ·	_			
Add					
Remove					

<u>If amending or adding additional Articles, enter change(s) h</u>	ere:
Attach additional sheets, if necessary). (Bc specific)	
	· <del>! -</del>
	······································
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	<del>.</del>
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	1, , , , ,
f an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not containe	or cancellation of issued shares,
(if not applicable, indicate N/A)	to in the amenoment itself:
(y nor approache, mineare (nit)	t .
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	1
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The date of each amendment(s) adoption:		if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 day	vs after amendment file date)
Note: If the date inserted in this block doe document's effective date on the Department		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f		nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot		
"The number of votes east for the ar	mendment(s) was/were suf	Ticient for approval
by	(voting group)	
	(voting group)	I
☐ The amendment(s) was/were adopted by action was not required.	the board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without si	shareholder action and shareholder
09/16/2019 Dated	( descent	
-	111111	_
Signature	obsident or other officer -	if directors or officers have not been
selected, by an j		ds of a receiver, trustee, or other court
YEMIL	E VERA	
	(Typed or printed name	of person signing)
CFO		
	(Title of per	rson signing)

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