## P1900000 9890

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ARTS MASTER N	MANUFACTURING AND	DISTRIBUTORS INC
	BER: P19000009890		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MOHAMAD ABDELQADE	CR.	
		Name of Contact Person	1
		Firm/ Company	
	2021 NW 45TH AVE COCC	Address	
	2021 NW 45TH AVE. COCC	City/ State and Zip Code	<u> </u>
		c ng. c and and 15 p c na	•
	E-mail address: (10 be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MOHAMAD ABDE	LQADE	954 at (	6388028
Name of Contact Person		Area Co	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		Amenc Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

ARTS MASTER MANUFACTURING AND DISTRIBUTORS INC

(Name of Corporation :	as currently filed with the Florida Dept. of State)	
P19000009890		
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statist Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following ame	ndment(s) t
A. If amending name, enter the new name of the corpo	oration:	
		new
	"corporation," "company," or "incorporated" or the abbrevi "Inc," or "Co". A professional corporation name must contai breviation "P.A."	
	SEC SEC	
B. Enter new principal office address, if applicable:		- marging
(Principal office address <u>MUST BE A STREET ADDRE</u>	$\frac{100}{2}$	1
		Param
	<u> </u>	
	が高 行力: <b>本</b>	<del>स्टब्स्ट</del>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	——————————————————————————————————————	
	—————————————————————————————————————	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		
new registered agent and/or the new registered with	rec. additess.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registe		
i nereby accept the appointment as registered agent. I at	m familiar with and accept the obligations of the position.	
#1. b. d		
Signatuo	re 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 <math>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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	SD	WILLS B ANDREWS	6227 SW 20TH ST
Add			HOLLYWOOD FL 33023
X Remove			
2) Change	S	MOHAMAD ABDELQADER	2021 NW 45TH AVE
<u>x</u> Add			COCONUT CREEK FL 33066
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change	<del></del>		
Add			<u></u>
Remove			

ttach additional sheets, if necessary).	(Be specific)
7.4	
an amondment arouids for an arch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
1.11.	
4,111	

•	04/08/2019	
	idoption:	, if other than the
date this document was signed.	22/2010	
Effective date <u>if applicable</u> :	08/2019	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, the epartment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendm ufficient for approval.	ent(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following star each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareh	ıolder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholde	r
04/08/201	9	
DatedSignature	A State	
(By a select	director, president or other officer – if directors or officers have not bed, by an incorporator – if in the hands of a receiver, trustee, or other need tiduciary by that fiduciary)	
	MOHAMAD ABDELQADER	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	