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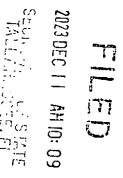
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BOCCARA ART MIAMLING. DOCUMENT NUMBER: P20000009995 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL SHTARKMAN Name of Contact Person WISDOM PROFESSIONAL SERVICES INC Firm/ Company 626 SHEEPSHEAD BAYD RD STE 640 Address BROOKLYN NY 11224 City/ State and Zip Code MSHTARKMANCPA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL SHTARKMAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is: Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED
2023 DEC 11 AH IDED

BOCCARA ART MIAMLING.

(Name of Corporation as current	athe filed with the Elevida Dext- of	
	itty med with the Fjorida Dept. or	State) ". 10. U9
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(Document Number	of Corporation (if known)	THE FLE
ursuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	is <i>Florida Profit Corporation</i> adopt	s the following amendments
. If amending name, enter the new name of the corporation:		
OCOR ART INC.		The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "P.:	A professional corporation name	he abbreviation "Corp.,"
Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)	 	
Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
. If amending the registered agent and/or registered office ac	ldress in Florida, enter the name o	<u>f the</u>
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses		<u>f the</u>
new registered agent and/or the new registered office addre		<u>l'the</u>
new registered agent and/or the new registered office address		<u>l'the</u>
new registered agent and/or the new registered office address Name of New Registered Agent N/A		<u>l'the</u>
new registered agent and/or the new registered office address Name of New Registered Agent N/A	street address)	f the

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	<u>John Doe</u>	
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>Address</u>
1) X Change	þ	LIUBOV BELOUSOVA	12550 BISCAYNE BLVD
Add			STE 4031)
Remove			MIAMI FL 33181
2) Change			
, Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate X/4)					
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate X/4)					
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(if not applicable, indicate N74)	provisions for implementing	the amendment if not con	tained in the amendm	ent itself:	
	(if not applicable, indicate	X74)			
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	12/04/2023	
The date of each amendment		, if other than the
date this document was signed.	12/04/2023	
Effective date <u>if applicable</u> :	12/04/2023	
 -	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, as Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amend the sufficient for approval.	lment(s)
	e approved by the shareholders through voting groups. The following side for each voting group entitled to vote separately on the amendment(s	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
hy	<u>,</u>	
	(voting group)	
12/04/ Dated		
\$c	y a director, president or other officer – if directors or officers have not lected, by an incorporator – if in the hands of a receiver, trustee, or othe pointed fiduciary by that fiduciary)	
	LIUBOV BELOUSOVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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