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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: ARTIMAN INTE	L, INC.	
DOCUMENT NUMBER: P20000051332		
The enclosed Articles of Amendment and fee are so	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
JONATHAN R. BATCHEL	OR	
	Name of Contact Person	1
ARTIMAN INTEL, INC.		
	Firm/ Company	
125 LAWRENCE LANE		
CDECAUNT OFFILE CALL	Address	
CRESCENT CITY, FL 3211		
	City/ State and Zip Cod-	2
JRBATCHELOR@GMAIL.		
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	ise call:	
JONATHAN R. BATCHELOR	at (256	856-5154 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

ARTIMAN INTEL, INC.			
(Name of Corporat	ion as currently filed with the Florid	la Dept. of State)	
P20000051332			
(Document)	ment Number of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corpora	ation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the c	orporation:		
ARTIMAN, INC.		The	, new
name must he distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbr	" or "Co". A professional corpora	rated" or the abbreviation "C ution name must contain the	Corp.," g-word
B. Enter new principal office address, if applicable		<u> </u>	
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)	Programme	,
		- -	<u>. </u>
			
C. Enter new mailing address, if applicable:			· ·
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>
		- -	
		r.	<u>∵</u> .=/
		· · · · · · · · · · · · · · · · · · ·	2
D. If amending the registered agent and/or registe		he name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
 	(Florida street address)		
New Registered Office Address:		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accent the abli	inations at the position	
жеген ше арронитен аз гединген адет.	Tun jumina win una accept me omi	ganons of the position.	

Signature of New Registered Agent, if changing

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 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	V	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				·—-
Remove				
21 Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amel (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicante, mateure wa)	
	

• • •

The date of each amendment(s) adoption:	, it other than the
·	
Effective date <u>if applicable</u> : (no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the am	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
tvoting group)	
Dated 14 NOV 2020	
Signature //out	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
JONATHAN R. BATCHELOR	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)