P20000056067

(Re	equestor's Name)	
(Ad	dress)	·
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(Cit	ty/State/Zip/Phone	#)
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(Bu	siness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: TAO ARTISTIC D	ESIGNS, INC.	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	BEATRIZ GOMEZ		
		Name of Contact Person	
	·	Firm/ Company	
	9315 SW 77 AVENUE, APT	. 220	
		Address	
	MIAMI, FL 33156		
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	BEATRIZ@TAOARTISTIC	GREENS.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
BEATRIZ GOMEZ		at (305	783-6977
Name of Contact Person		Area Co	le & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Ce 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

TAO ARTISTIC DESIGNS, INC.				
(<u>Name</u>) P20000056067	of Corporation as curren	tly filed with the Florida Dept. of State)	_	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 60' its Articles of Incorporation:		s Florida Profit Corporation adopts the following amendment	(s) to	
A. If amending name, enter the new I	name of the corporation:			
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association,	COTO. Inc. or "Co"	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address	, if applicable:	9315 SW 77 Avenue		
(Principal office address MUST BE A.S.	STREET ADDRESS)	Unit 220		
		Miami, FL 33156		
C. Enter new mailing address, if app. (Mailing address MAY BE A POST	licable: OFFICE BOX)	9315 SW 77 Avenue		
		Unit 220		
		Miami, FL 33156		
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office add w registered office address	ress in Florida, enter the name of the		
Name of New Registered Agent	Beatriz Gomez	_		
	9315 SW 77 Avenue, Unit	220		
	(Florida str	vet address)		
New Registered Office Address:	Miami	. Florida ³³¹⁵⁶		
		(City) (Zip Code)		
Beo-	ered agent. I am familiar v h1Z GomcZ Signature of New Re	egistered Agent, if changing		
☐ The amendment(s) is/are being filed pr	irsuant 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)

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:

A_Change	<u>P1</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	Adriana Osorio	8201 SW 193rd Street
Add X Remove			Cutler Bay, FL 33157
2) X Change	P	Beatriz Gomez	9315 SW 77 Avenue, #220
Add			Miami, FL 33156
Remove 3) Change	VP	Andrea Echeverry	9315 SW 77 Avenue, #220
X Add			Miami, FL 33156
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

	eets, if necessary).	icles, enter change (Be specific)				
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f an amendment pro	ovides for an excha	ange, reclassificat	tion, or cancell	ation of issued	l shares,	
f an amendment pro provisions for imple (if not applicable	ementing the amen	ange, reclassificat idment if not con	tion, or cancell tained in the a	ation of issued mendment its	l shares, elf:	
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The date of each amendment(s) adoption)n:	71.24 20.		; if	other than the
date this document was signed.					
Effective date if applicable:		00.1		A SECTION OF THE SECT	
	(no more tha	n yu days ajier ar	nendment file date)		
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the ap ent of State's record	plicable statutory	filing requirements	, this date will not b	e listed as the
Adoption of Amendment(s)	-(CHECK ONE)				X
☐ The amendment(s) was/were adopted	by the incorporators,	or board of direct	ors without shareho	lder action and share	holder
action was not required.	16 20. *		الميان الميان الميان الميان الميان الميان الميان		7. 4
The amendment(s) was/were adopted by the shareholders was/were sufficie		The number of ve	otes cast for the ame	ndment(s)	
☐ The amendment(s) was/were approve must be separately provided for each The number of votes cast for the	voting group entitled	to vote separatei	y on the amendmen		
by					
Dated	(voting group)	100			
(B) a direct	president or other an incorporator - if i	officer – if directo	rs or officers have r	of been the	.`
	an incorporator = 11,1 duciary by that fiduci		ACTIVELY ILLIANCE, OF U	and county	
X	~ Kww	WOT! I	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Typed or prin	ted name of perso	n signing)	W. T. W.	
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