## P20000073950

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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A. Michal

DED 14 2020 I ALBRITTON

## COVER LETTER

ARTX REMODELING INC  NAME OF CORPORATION:  P20000073950  DOCUMENT NUMBER:  The enclosed Articles of Amendment and fee are submitted for filing.	Division of Corp	orations	·	
P20000073950 DOCUMENT NUMBER:			JING INC	
DOCUMENT NUMBER:	NAME OF CORPO			
The enclosed Articles of Amendment and fee are submitted for filing.	DOCUMENT NUM			
	The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this matter to the following:	Please return all corre	spondence concerning this ma	tter to the following:	
Rubiel Santana		Rubiel Santana		
Name of Contact Person INCOMAX ACCOUNTING AND TAX SERVICES LLC		INCOMAX ACCOUNTING		
Firm/ Company			Firm/ Company	
5851 SW 163RD PL		5851 SW 163RD PL	, ,	
Address			Address	·
MIAMI, FL 33193		MIAMI, FL 33193		
City/ State and Zip Code			City/ State and Zip Code	e
RUBIEL@INCOMAXACCOUNTING.COM		RUBIEL@INCOMAXACCO	OUNTING.COM	
E-mail address: (to be used for future annual report notification)		E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please call:	For further information	on concerning this matter, pleas	se call:	
SEBASTIAN ALBERTO MAUTINO 786 865-2893 at ( )	SEBASTIAN ALBEI	YFO MAUTINO		865-2893
Name of Contact Person Area Code & 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 Department of State:	Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)	\$35 Filing Fee	•	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 The Centre of Tallahassee		•		•
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tall	ahassee, FL 32314		

## Articles of Amendment to Articles of Incorporation of

ARTX REMODELING INC.

(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amerits Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  The  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the secondaries of the abbreviation "P.A."  N/A  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	new orp.,"
A. If amending name, enter the new name of the corporation:  N/A  The  The  The  The  The  The  The  Th	new orp.,"
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the structured, "professional association," or the abbreviation "P.A."  N/A  B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS  C. Enter new mailing address, if applicable:  N/A	orp.,"
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the chartered, ""professional association," or the abbreviation "P.A."  N/A  B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS.)  C. Enter new mailing address, if applicable:  N/A	orp.,"
S. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )  C. Enter new mailing address, if applicable:  N/A	
Enter new mailing address, if applicable: N/A	<del></del>
	<u> </u>
2. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:  N/A  Name of New Registered Agent	
N/A	
(Florida street address)  N/A  New Registered Office Address:  Florida	
(City) (Zip Code)	

Check if applicable

 $<sup>\</sup>square$  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	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		ANDREINA M GONZALEZ RODRIGUEZ	1702 SW 15 ST
X Add		<del>-</del>		MIAMI, FL 33145
Remove				
2) Change		<del>-</del>		
Add				
Remove 3) Change		_ <del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	i <mark>g or adding addi</mark> t litional sheets, if ne	ecessary). (Be	e specific)	<u></u>			
I/A							
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If an amai	idment provides f	for an avabana	a raalassifiaati	on or cancellat	ion of issued sh	o roc	
provision	s for implementin	ng the amendm	ent if not cont	ained in the am	endment itself:	ares,	
(if no	t applicable, indica	ate N/A)					
I/A							
			· · · · ·	<del></del>		*	
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	otion:, if o	ther than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will not be timent of State's records.	e listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
· ·	yed by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	the amendment(s) was/were sufficient for approval	
by	; <b>`</b>	
•	(voting group)	
n la	12020	
Dated 10 2	1020	
Signature		
	tor, president or other officer – if directors or officers have not been	
	y an incorporator - if in the hands of a receiver, trustee, or other court	
	fiduciary by that fiduciary)	
S	EBASTIAN ALBERTO MAUTINO	
P	(Typed or printed name of person signing) RESIDENT	
_	(Title of person signing)	