## Florida Department of State Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124 Phone : (305)476-7100 Fax Number : (305)476-7102

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: abazo@rascoklock.com

TO STATE OF THE WILLY

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ARTANIS CORPORATION

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SECRETARY OF STATE TALLAHASSEE, FL

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Corporate Filing Menu

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Q 11/25/2023-

TO: Amendment Section

Division of Corporations

From: Albis Rodrigu

## COVER LETTER

NAME OF COR	PORATION: ARTANIS CORPO	ORATION			
	JMBER: P20000079596				
	cles of Amendment and fee are su	ibmitted for filing.			
Please return all c	orrespondence concerning this ma	itter to the following:			
	ANDRES BAZO				
		Name of Contact Perso	on .		
	RASCO KLOCK PEREZ NIETO				
	<u></u>	Firm/ Company			
	2555 PONCE DE LEON BLVD SUITE 600				
	Address				
	CORAL GABLES FL 33134				
	City/ State and Zip Code				
	ABAZO@RASCOKLOCK.	СОМ			
	E-mail address: (to be u	sed for future annual repor	t notification)		
For further inform	ation concerning this matter, plea	se call:			
ANDRES BAZO		at ( 305	4767100		
Na	me of Contact Person	Arca Co	ode & Daytime Telephone Number		
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	partment of State:		
<b>3</b> \$35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	□\$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		Amen Divisi The C 2415	dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		

To:

Articles of Amendment to Articles of Incorporation of FILED

2022 NOV 21 AM 10: 42

SECRETARY OF S with the Florida Dept. of State) TALLAHASSEE.  Profit Corporation adopts the following amendment(s) to  The new ty, "or "incorporated" or the abbreviation "Corp.," ssional corporation name must contain the word  S PONCE DE LEON BLVD SUITE 600  RAL GABLES FL 33134
The new y," or "incorporation name must contain the word SPONCE DE LEON BLVD SUITE 600  RAL GABLES FL 33134
The new y," or "incorporation name must contain the word SPONCE DE LEON BLVD SUITE 600  RAL GABLES FL 33134
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RAL GABLES FL 33134
5 PONCE DE LEON BLVD SUITE 600
5 PONCE DE LEON BLVD SUITE 600
AL GABLES FL 33134
Florida, enter the name of the
NAGEMENT LLC
SUITE 600
ess)
(Zip Code)
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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	PT	ETEROVIC BARREDA, FELIPE	2555 PONCE DE LEON BLVD
Add			SUITE 600
Remove			CORAL GABLES FL 33134
2) X Change	D	BARREDA, FRANCISCO	2555 PONCE DE LEON BLVD
Add			SUITE 600
Remove 3) Change			CORAL GABLES FL 33134
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
<u> </u>	
<del>-</del>	
,,,, <u>,,</u>	
f an amendment provides for an <b>e</b> xch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself;
W 17	

From: Albis Rodrigu

date this document was	signed.	•			•
Effective date <u>if applic</u>		niora than 90 days att	er amendment file dat	(u)	
	imo	more man 20 aays agi	ет атенатен үне аа	e,	
	ed in this block does not me te on the Department of State		nory filing requireme	ents, this date will no	ot be listed as the
Adoption of Amendme	nt(s) (CHECK	ONE).			
■ The amendment(s) was not require	as/were adopted by the incorped.	porators, or board of c	tirectors without share	cholder action and sh	areholder
	as/were adopted by the share was/were sufficient for appro-		of votes cast for the a	mendment(s)	٠.
	as/were approved by the shar provided for each voting group				
"The number o	f votes cast for the amendmen	nt(s) was/were sufficie	ent for approval		
by	(voting gr	гоир)	."		
. Dated					
	(By a director, president selected, by an incorpora appointed fiduciary by the	tor - if in the hands o			

· (Typed or printed name of person signing)

AUTHORIZED REPRESENTATIVE

(Title of person signing)