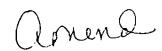
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A. RAMSEY JAN 17 2024

## COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Artisan Water Corp					
DOCUMENT NUMBER: P 22 0000   8617					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Duvid De Groot  Name of Contact Person  Attisan Water Gardens  Firm/ Company  9526 Argyle Forest Blyd. St. 2B #318  Address  Jack Son ville FL 32222  City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (239) 333 · 6248  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

FILED

to

Artisan	Water Corp.	2823 DEC 21 AM 8: 09
(Name of Corporati	ion as currently filed with th	he Florida Dept. of State)
		e e e e e e e e e e e e e e e e e e e
(Docum	ment Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florida Profit</i>	t Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc. "chartered," "professional association," or the abbro	" or "Co". A professional	"incorporated" or the abbreviation "Corp.," I corporation name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
Principal office address <u>MOST DE A STREET ADI</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<del></del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		la, enter the name of the
Name of New Registered Agent		
<del></del>	(Florida street address)	-
		Florido
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered agent.	gistered Agent:	ent the obligations of the position
т петелу ассері іне арротитені из гедімегей адет.	i am jaminar with and acce	prine congainers of the position.
Sign	nature of New Registered Age	ent, 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)

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, V is a change, V is Remove, and V is an V as V is an V as V is V as V is an V in V is an V in V is V as V in V

X Change	PT John D	doc	
X Remove	<u>V</u> <u>Mike J</u>	ones	
_X Add	SV Saily S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Pres.	Donna De Graot	
Add			
Remove	_		
2) X Change	V.P	David De Croot	
Add			
Remove Change	Pres.	David De Groot	
-X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

then dodning the control in	ticles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an excharge in a second coverage of the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the Do	lock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the am afficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
-	(voting group)	
Dated	12/17/23 David Oe Cont	_ <del>_</del>
selecte	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ded fiduciary by that fiduciary)	
	Pavid DeGroot	
	(Typed or printed name of person signing)	
	Tres, dent	
	(Title of person signing)	<u> </u>