Division of Corporations Electronic Filing Cover Sheet

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(((H22000420418 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIM MARKS CPA Account Number : I20128000072 : (305)895-5815 : (305)895-6273 Fax Number

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

Email Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN ART CAFE INC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ART CAFE BH IN	IC	
DOCUMENT NUMB	P22000086504		
The enclosed Articles of	Amendment and fee are sui	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
:	Stephen Korn		
_		Name of Contact Person	
]	Kim Marks CPA PA		
-		Firm/ Company	
:	2136 NE 123rd S:		
-		Address	
1	North Mismi, FL 33181		
_		City/ State and Zip Code	•
	Stephen@kimmarkscpa.com		
-	•	ed for future annual report	notification)
	concerning this matter, pleas	re call:	
TO THE HIGH BITOTIMESOT	contracting and marrors pro-		
Stephen Korn		at (305	895-5815
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filling Fee	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)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section of Corporations entre of Tallahassee V. Monroe Street, Suite 810 usee, FL 32303

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Articles of Amendment to Articles of Incorporation of

P22000086504 (Document Number of C	lied with the Florida Dept. of State)		
(Document Number of C			
	Corporation (If known)		
Pursuant to the provisions of section-607.1006, Florida Statutes, this Florida Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the cornoration:			
ART CAFE BH INC	The new		
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word		
B. Enter new principal office address, if applicable;	1065 Kane Concourse		
(Principal office address MUST BE A STREET ADDRESS)	Suite 101A		
	Bay Harbor Islands, FL 33154		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1065 Kane Concourse		
	Suite 101A		
•	Bay Harbor Islands, FL 33154		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the		
Name of New Registered Agent	· œ 🖛		
	39		
(Florida street	(address)		
New Registered Office Address:	, Florida		
(C	(Zip Code)		

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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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u> </u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			2022 DE.C
Remove			<u> </u>
4) Change			
Add			
Remove			ల్ల ———————————————————————————————————
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NA '	
•	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A) NA	2022 DEC 14
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	α.

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The date of each amendment(s) adop date this document was signed.	ion:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopte action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffice	by the shareholders. The number of votes cast for the amendment(s) tent for approval.
☐ The amendment(s) was/were approvemust be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
by 100	н
-/	(voting group)
/selected, b	in incorporator – if in the hands of a receiver, trustee, or other court iductary by that fiduciary)
Ba	ya Drizin
	(Typed or printed name of person signing)
Pro	sident
_	(Title of person signing)

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