P24000015953

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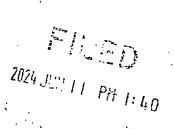
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ARTSCAPEZ COI	RP						
DOCUMENT NUMBER:	P24000015953							
The enclosed Articles of Amenda	nent and fee are submi	tted for filing.						
Please return all correspondence	concerning this matter	to the following:						
Sonia Becerra								
	Name of Contact Person							
	Swyft Filings							
Firm/ Company								
3 Greenway Plaza #1320								
	Address							
Houston, TX 77046								
	City/ State and Zip Code							
	shua	rosen@gm	nail.com	า				
E-ma	il address: (to be used f							
For further information concerning this matter, please call: Sonia Becerra at (
		at (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	777-0450				
Name of Contact Person Area Code & Daytime Telephone Number								
Enclosed is a check for the follow	ving amount made paya	able to the Florida	Departmen	of State:				
_	tificate of Status	343.75 Filing Fe Certified Copy (Additional copy i enclosed)	Ce is Ce (A	52.50 Filing Fee striftcate of Status strifted Copy (dditional Copy enclosed)				
Mailing Addro Amendment So Division of Co P.O. Box 6327	ction	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

Articles of Amendment to . Articles of Incorporation of ,



ARTSCAPEZ CORP.
(Name of Corporation as currently filed with the Florida Dept. of State)
P24000015953
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.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)
SALUE A COST OF THE BOX
D. 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:
Name of New Registered Agent
(Floridu street address)
New Registered Office Address: , Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
The obligations of the position.
x) le vie
Signature of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed interpret to a 607 0120 (11) (a) 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 afficer/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 John Doe X Remove V Mike Jones X Add <u>\$Y</u> Sally Smith Type of Action Title Name Address (Check One) 1) ____ Change **ROMULO MATTOS** BOCA RATON, FL 33433 Add X Remove _Change ; _ Add Remove Change Add _ Remove __ Change Add Remove Change Add Remove Change Add Remove

F. If an amendment provides for an exchange, reclassification or cancellation of sured shares, provides for an exchange, reclassification or cancellation of sured shares, provides for independent of not contained in the amendment itself. (If not applicable, indicate NA)	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not consulted in the amendment itself. (If not applicable, indicate N/A)	٠.,
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	5/23/202	24	if other than the
date this document was signed.	,		
Effective date if applicable:		·.	
	. (no more than 90 days aft	er amendment file date)	
Note: If the date inserted in this block document's effective date on the Departmen	s not meet the applicable statu it of State's records.	story filing requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	•	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of d	irectors without shareholder	action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient (the shareholders. The number of approval.	of votes east for the amendm	ent(s)
☐ The amendment(s) was/were approved by must be separately provided for each vol	the shareholders through votiring group entitled to vote separ	g groups. The following stately on the amendment(s):	iemeni
"The number of votes cast for the a	mendment(s) was/were sufficie	nt for approval	
by		**	
	voting group)	· .	
Dated: (121	7024		
Signature	00	Je	
selected; by an i	resident or other officer - if din neorporator - if in the hands of ary by that fiduciary)	ectors or officers have not be a receiver, trustee, or other o	en ourt
	YEHOSHUA'S ROSEN		
	(Typed or printed name of pe	rson si gning)	•
	President		•
	(Title of person signing)	,	·