P24000030722

Florida Department of State

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ARTSPACE NYA, CORP.

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ARTSPACE NYA, CORP. DOCUMENT NUMBER: P24000030722 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MYKHALKEVYCH, YAN Name of Contact Person ARTSPACE NYA, CORP. Firm/ Company 5911 TOSCANA DR APT 1137 Address **DAVIE, FL 33314** City/ State and Zip Code YMYKHALKEVYCH@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MYKHALKEVYCH, YAN Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

□S43.75 Filing Fee &

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Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

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Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Certificate of Status

Articles of Amendment to Articles of Incorporation of

ARTSPACE NYA, CORP.

(<u>Name of Corpora</u> P24000030722	tion as currently	filed with the Flor	ida Dept. of St.	ite)	
	ment Number of	Corporation (if know			
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:		•	•	e following ar	mendment(s
. If amending name, enter the new name of the	corporation:				
nme must be distinguishable and contain the word "c inc" or Co.," or the designation "Corp," "Inc. hartered." "professional association." or the abbr	. or co a	mpany," or "incorp professional corpo	orated" or the c ration name mi		e new Corp.," se word
Enter new principal office address, if applicable	<u>e:</u>				
rincipal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)			<u>.</u>	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BO	9Y)				
The second secon	<i>w</i>				
If amanding the registered agent and/					
If amending the registered agent and/or registe new registered agent and/or the new registered	reg omce address:	S in Florida, enter	the name of th	<u>€</u>	
Name of New Registered Agent				: ; ;	(1년 - (1년 - (1년
	-	<u>-</u>		1 -	7 322
	(Florida street	address)			1
New Registered Office Address:			, Florida	,	ය -ක
	(C	ity)		(Zip Code)	三菱
				7	•••
w Registered Agent's Signature, if changing Regiverely accept the appointment as registered agent	ristered Agent: I am familiar wit	h and accept the ob.	ligations of the p	position.	3
		-			
Signe	ature of New Revi	stered Agent, if cha	noino		
eck if applicable			''e'''&		

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, 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	PI	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	BERKOVETS, GANNA	5911 TOSCANA DR APT 1137
XAdd			DAVIE, FL 33314
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			€9
4) Change			153
Add			100
Remove			1 0
5) Change		-	PP Con Th
Add		·	- : 3
Remove			m —
6) Change			
Add			
Remove			

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mending or adding additions ach additional sheets, if necess	ary). (Be specific)			
				
				
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		-		
amendment provides for an	exchange, reclassification	or cancellation of i	ssued shares.	
visions for implementing the (if not applicable, indicate N/	amendment if not contain	ed in the amendme	nt itself:	B . 3
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				<u> to</u>
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				E STATE
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The date of each amendment(s) ado	otion:	, if other than the
date this document was signed.		, a other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable statutory filing requirements, this atment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(3) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendmen cient for approval.	et(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ed by the sharehoiders through voting groups. The following states the voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
01/08/2025 Dated		ेर्ट १ जुल्हें १ जोस्
Signature	fan Mykhalkewych tor, president or other officer - if directors or officers have not been	***
selecied, o	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 could duciary by that fiduciary)	urt :
M	KHALKEVYCH, YAN	
	(Typed or printed name of person signing)	i ra
PR	ESIDENT	
	(Title of person signing)	-8 PH 1:31
		H I: 31