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(Re	questor's Name)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
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COVER LETTER

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TO: Amendment Section Division of Corporations

1

NAME OF CORPORA	ATION: INVITATIONS A	ND MORE, INC	
DOCUMENT NUMBE	P0000000000		
The enclosed Articles of	"Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
		KATIA URRUNAGA	
		Name of Contact Perso	n
	INV	ATATIONS AND MORE	INC
		Firm/ Company	
		24371 SW 108TH PL	
	· -	Address	
_		HOMESTEAD, FL 3303	32
		City/ State and Zip Cod	e
	K.	ATIA@ARTISTRYPRINT	I'S.COM
_	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas a Urrunaga	305	613-1012
	Contact Person	at (Area Co) de & Daytime Telephone Number
Enclosed is a check for t	he following amount made		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahasson, FL 32314		Amend	Address Iment Section on of Corporations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

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INVITATIONS AND MORE..., INC

(Name of Corporation a	as currently filed with the Florida DepChesiate)Y UF STATE.
	P99000099506 PALE PAGE 30.11112
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpo	oration:
ARTISTRY PRINTS INC	The new
	oration," "company," or "incorporated" or the abbreviation "Corp" r "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	24371 SW 108TH PL
(Principal office address <u>MUST BE A STREET ADDRE</u>	HOMESTEAD, FL 33032
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered office.	
Name of New Registered Agent K	ATIA UYEN
	13721 SW 108TH PL
	(Florido street address)
New Registered Office Address:	HOMESTEAD 33032
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: In familiar with and accept the obligations of the position.
	THE DESCRIPTION OF THE PROPERTY OF THE PROPERT
Signature	e of New Registered Agent, 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)

Example:

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	<u>PT</u>	<u>John Do</u>	<u>De</u>			
X Remove	<u>V</u>	Mike Jo	ones			
X Add	<u>SV</u>	Sally St	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change	AMBR		KATIA V. UYEN	_	24371 SW 108TH PL	
X Add					HOMESTEAD, FI, 33032	_
Remove						_
2) Change	PD	_	KATIA URRUNAGA		24371 SW 108TH PL	_
Add					HOMESTEAD, FL 33032	_
X Remove 3) Change	PD		KATIA V. UYEN		24371 SW 108TH PL	_
X Add					HOMESTEAD, FL 33032	_
Remove						_
4) Change		_				
Add						_
Remove						
5) Change						_
Add						
Remove						_
6) Change		_				_
Add						
Remove						

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	•
	
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·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoptio date this document was signed.	n:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after at	mendment file date)
Note: If the date inserted in this block d document's effective date on the Department		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted b action was not required.	y the incorporators, or board of direct	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		otes cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v		
"The number of votes cast for the	amendment(s) was/were sufficient fo	or approval
by	(voting group)	.
	(voung group)	
11/11/2020 Dated		
Signature	CHAO	
(By a director selected, by a	, president or other officer – if directo n incorporator – if in the hands of a re uciary by that fiduciary)	
	KATIA V. UYEN	
	(Typed or printed name of perso	n signing)
	PD	

(Title of person signing)