## P06000010179

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024 DEC 27 PM 3: !



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ON Q INTERIOR	DESIGNS, INC.		
DOCUMENT NUN	IBER: P06000010179			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	O'NEIL M WOODSTOCK			
	<del></del>	Name of Contact Person	1	
	ON Q INTERIOR DESIGN.	INC		
		Firm/ Company		
	4987 NORTH UNIVERSITY	• -		
		Address		
	FORT LAUDERDALE, FLO	ORIDA 33351		
		City/ State and Zip Code	e	
	ONINTERIORDESIGN@G	MAIL.COM		
		sed for future annual report	notification)	
For further informati	on concerning this matter, plea		530-3692	
Name	of Contact Person	ar (Area Co	) 530-3692 de & Daytime Telephone Number	
Enclosed is a check	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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 Tallahassee, FL 32314		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

ON Q INTERIOR DESIGNS, INC.				<i>_</i>
(Name of Corporati	on as currently fi	led with the Florida E	Dept. of State)	FILED EC 27 PH 3:
P06000010179			2024 0	
(Docun	nent Number of Co	orporation (if known)		EU27 PH 2
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Flo</i>	rida Profit Corporatio	n adopts The follo	owing amendment
A. If amending name, enter the new name of the co				17.7
ON Q INTERIOR DESIGN & CONSTRUCTION, IN	VC.			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A p	pany," or "incorporate rofessional corporation	ed" or the abbre n-name must co	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX</u> )			
	-			
D. If amending the registered agent and/or register new registered agent and/or the new registered		in Florida, enter the	name of the	
Name of New Registered Agent		·		
-	(Florida street	address)	<u></u>	<del></del>
			, Florida	
New Regiswred Office Address:	(Ci.	(אָלָי		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	zistered Agent: I am familiar with	and accept the obligat	tions of the posit	ion.
Signo	ature of New Regi.	stered Agent, if changir	ıg	<del></del>

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change		<del></del>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del> </del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach a	idditional she	eets, if neccssar	y). (Be spec	rific)				
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	<del></del>			<del> </del>				
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F. If an arr	iendment pr	ovides for an e	xchange, recl	assification, o	or cancellatio	n of issued sh	iares.	
<u>provisi</u>	ons for imple	ementing the a	mendment if	not contained	d in the amer	dment itself:	<del>,</del>	
(if	not applicabl	le, indicate N/A)	)					
		<del></del>			_			
							<del></del>	
<u></u>							· <del>-</del> -	
				· · ·			<u>-</u>	
			<del></del> -	<u> </u>	<del>_</del> .			

• . . .

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The date of each amendment(s) adop late this document was signed.	tion;	, if other than the
Effective date if applicable:		
	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block locument's effective date on the Depart	t does not meet the applicable statutory fitment of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors	s without shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of vote ient for approval.	s cast for the amendment(s)
The amendment(s) was/were approving the separately provided for each	ed by the shareholders through voting grou h voting group entitled to vote separately o	ps. The following statement on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for a	ipproval
by	(voting group)	"
04/13/2024 Dated		
Signature		
selected, b	or, president or other officer – if directors of an incorporator – if in the hands of a rece iduciary by that fiduciary)	or officers have not been iver, trustee, or other court
O''	seil Woodstock	
	(Typed or printed name of person s	igning)
Ма	nager	

(Title of person signing)