# P19000042176

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CURPORATION: Good Worx Designs Corp.
DOCUMENT NUMBER: P19000042176
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cindy Cohen
Name of Contact Person  Corp.
Firm/ Company
all 30 5.W. 87th Avenue #306
Cutler Bay, Florida 33189
City/ state and Zip Code
City/ State and Zip Code  Sodworxdesigns@gmail.cm  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
پ
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Cindy Cohen  at 7810, 325-2389 m
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:
\$35 Filing Fee Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy  (Additional Copy
is enclosed)
Mailing Address Street Address
Amendment Section  Division of Corporations  Amendment Section  Division of Corporations
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2021

CINDY COHEN GOOD WORX DESIGNS CORP. 21130 S.W. 87TH AVENUE #306 CUTLER BAY, FL 33189 US

SUBJECT: GOOD WORX DESIGNS CORP

Ref. Number: P19000042176

We have received your document for GOOD WORX DESIGNS CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

If the corporation is a <u>PROFIT</u> corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 021A00009750

### Articles of Amendment

Articles of Incorporation

## Good Work Designs Corp.

(Name of Corporation as currently filed with the Florida Dept. of State)

#### P19 0000 42176

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain the word "c	The _ new orporation," "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 abbre	
B. Enter new principal office address, if applicable	= 21130 5.W. 87th Ave.
(Principal office address <u>MUST BE A STREET AD</u>	# 306
	Cutler Bay, FL 33189
	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	21130 S.W. 87th Ave.
	# 306
	Cutler Bay, FL 33189
	00110 100111 10010
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	red office address in Florida, enter the name of the
D. If amending the registered agent and/or register new registered agent and/or the new registered  Name of New Registered Agent	red office address in Florida, enter the name of the
new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
new registered agent and/or the new registered	red office address in Florida, enter the name of the
new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:  (Florida street address)  . Florida
Name of New Registered Agent	office address in Florida, enter the name of the office address:  (Florida street address)
Name of New Registered Agent	red office address in Florida, enter the name of the office address:  (Florida street address)  . Florida
Name of New Registered Agent  New Registered Office Address:	(Florida street address)  . Florida (City)  (Zip Code)
New Registered Agent's Signature, if changing Reg	(Florida street address)  . Florida (City)  (Zip Code)
New Registered Agent's Signature, if changing Reg	red office address in Florida, enter the name of the office address:  (Florida street address)  . Florida (City) (Zip Code)
Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if changing Reg	red office address in Florida, enter the name of the office address:  (Florida street address)  . Florida (City) (Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

!! 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	PT John I	<u>Doe</u>	
<u>A</u> Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PS	Gabrielle Guillern	rs 154415.W.112Ten
Add			Miami, FL 33196
X_ Remove		. •	
2) X Change	PVTS	Cindy Cohen	21130 S.W. 87 Avc.
Add		·	#306
Remove 3) Change			Cutter Bay, FL 33189
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change	<del>_</del>		
Add			
Remove			- <del></del>
6) Change	<del></del>		
Add			
Remove			

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)		(Be specific)
(if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
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	provisions for implementing the amer (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	02/04/21	, if other than the
date this document was signed.		
Effective date if applicable:		
(	(no more than 90 days after amendi	nent file date)
Note: If the date inserted in this block does not document's effective date on the Department of St		g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	CCK QNE)	
The amendment(s) was/were adopted by the ine action was not required.	icorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		ast for the amendment(s)
☐ f'he amendment(s) was/were approved by the s must be separately provided for each voting gr		
"The number of votes cast for the amend	lment(s) was/were sufficient for app	roval
by		31 
(voting	g group)	
Dated 02/04/21		
Signature	HAMMAN	
(By a director, preside	ent of other officers if directors or o	officers have not been
	porator - if in the hands of a receive	
appointed inductary of	y mai fiductary)	
	Cindy Cohen	
(T <sub>)</sub>	yped or printed name of person sign	ing)
	Vice Presider  itle of person signing)	nt