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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIONS	MOODEN	THOE	GARDENS,	NC		
DOCUMENT NUMBER:						
The enclosed Articles of Amend	Iment and fee are submitted	d for filing.				
Please return all correspondence	concerning this matter to t	the following:				
	JOYCE E	Me of Contact P	EMULDER Person ARDENS, 11			
.	MOODEN 3	Firm/ Compan	ARDEMS, IN			
3	601 VINKER					
	Address					
	LOCOHUT CRE	ek f	L 33073			
	City	y/ State and Zip	Code	_		
E-m			ellsouth . net eport notification)	<u>r </u>		
For further information concern						
JOYCE VIN	KEMULDER	at (CF	54, 470- (541		
Name of Contact	Person	Are	a Code & Daytime Teleph	none Number		
Enclosed is a check for the follo	wing amount made payable	e to the Florida	Department of State:			
S35 Filing Fee Co	rtificate of Status Co	43.75 Filing Fee ertified Copy dditional copy i aclosed)	Certificate of Sta	itus		
Mailing Add Amendment S Division of Co P.O. Box 632	ection orporations	Ai Di	reet Address mendment Section ivision of Corporations lifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

WOODEN SHOE GARDENS, INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>E</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered." "professional association," or the abbreviation "I	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ACE ROMANO (P)
640 NW 44th	
New Registered Office Address: COCONUT CRI	EEK . Florida 33066
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	2019 CLX
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
	th and accept the obligations of the pasition.
Signature of New Re	gistered Agent, if changing

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.

Programmes, y as Remove	r, ana sai	iy ənam,	or as an Maa.		
Example: <u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
(Check One) 1) Change	P	_	NICHOLAS	ROMANO	640 NW 447 ANE
Add		-			COCONUT CREEK, FL
Remove					33066
2) Change		_			
Add					
Remove					
3) Change				 _	
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

	(Be specific)
	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by'''	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10 06 2018	
Dated 10 06 2018 Signature Joye E. Vinkemulder	
(By corrector, 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)	
(Typed or printed name of person signing)	
JOYCE E VINKEMULDER	
(Title of person signing)	