

583507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

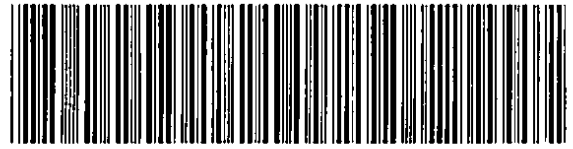
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Weather Wise, Inc.

DOCUMENT NUMBER: 583507

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammy Shea  
Name of Contact Person

Firm/ Company

5271 SW 106 Avenue  
Address

Davie, FL 33328  
City/ State and Zip Code

weatherwise6337@bellsouth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Shea at ( 954 ) 817 6288  
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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Weather Wise, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

583507  
(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:

A. If amending name, enter the new name of the corporation:

N/A The new name must be distinguishable and contain the word "corporation," "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 abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

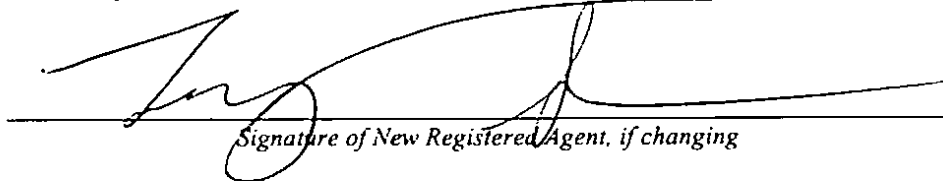
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Tammy Shea  
5840 Washington Street #3  
(Florida Street address)

New Registered Office Address: Hollywood, Florida 33023  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

☒ Change      PT      John Doe  
☐ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |           |                       |                            |
|--|-----------|-----------------------|----------------------------|
| 1) <input type="checkbox"/> Change         | <u>S</u>  | <u>Karen L. Shea</u>  | <u>5271 SW. 106 Avenue</u> |
| <input type="checkbox"/> Add               |           |                       | <u>Davie, FL 33328</u>     |
| <input checked="" type="checkbox"/> Remove |           |                       |                            |
| 2) <input type="checkbox"/> Change         | <u>PT</u> | <u>Edward H. Shea</u> | <u>5271 SW. 106 Avenue</u> |
| <input type="checkbox"/> Add               |           |                       | <u>Davie, FL 33328</u>     |
| <input checked="" type="checkbox"/> Remove |           |                       |                            |
| 3) <input type="checkbox"/> Change         | <u>PT</u> | <u>Tammy Shea</u>     | <u>5271 SW. 106 Avenue</u> |
| <input checked="" type="checkbox"/> Add    |           |                       | <u>Davie, FL 33388</u>     |
| <input type="checkbox"/> Remove            |           |                       |                            |
| 4) <input type="checkbox"/> Change         | <u>PT</u> | <u>Tammy Shea</u>     | <u>5271 SW. 106 Avenue</u> |
| <input checked="" type="checkbox"/> Add    |           |                       | <u>Davie, FL 33328</u>     |
| <input type="checkbox"/> Remove            |           |                       |                            |
| 5) <input type="checkbox"/> Change         |           |                       |                            |
| <input type="checkbox"/> Add               |           |                       |                            |
| <input type="checkbox"/> Remove            |           |                       |                            |
| 6) <input type="checkbox"/> Change         |           |                       |                            |
| <input type="checkbox"/> Add               |           |                       |                            |
| <input type="checkbox"/> Remove            |           |                       |                            |

E. If amending or adding additional Articles, enter change(s) here:

*(Attach additional sheets, if necessary). (Be specific)*

N/A

F. 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)*

N/A

The date of each amendment(s) adoption: Sept 21, 2023, if other than the date this document was signed.

Effective date if applicable: Sept 21, 2023  
(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 \_\_\_\_\_."  
(voting group)

Dated Sept 21, 2023

Signature \_\_\_\_\_

(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)

Tammy Shea  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2023170399

DATE ISSUED: OCTOBER 3, 2023

## DECEDENT INFORMATION

DATE FILED: OCTOBER 2, 2023

NAME: EDWARD MICHAEL SHEA

DATE OF DEATH: SEPTEMBER 27, 2023

SEX: MALE

AGE: 073 YEARS

DATE OF BIRTH: SEPTEMBER 22, 1950

SSN: \*\*\*-\*\*-5645

BIRTHPLACE: PENSACOLA, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 5271 SW 106TH AVENUE

LOCATION OF DEATH: DAVIE, BROWARD COUNTY, 33328

RESIDENCE: 5271 SW 106TH AVENUE, DAVIE, FLORIDA 33328, UNITED STATES

COUNTY: BROWARD

OCCUPATION, INDUSTRY: OWNER/OPERATOR, AIR CONDITIONING CONTRACTOR

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: KAREN LYN DESTEFANO

FATHER'S/PARENT'S NAME: JOHN FRANCES SHEA

MOTHER'S/PARENT'S NAME: CATHERINE MARGARET MOORE

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: KAREN LYN SHEA

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 5271 SW 106TH AVENUE, DAVIE, FLORIDA 33328, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: CATHERINE HARRISON, F043386

FUNERAL FACILITY: BOYD-PANCIERA FAMILY FUNERAL CARE- UNIVERSITY F054858

1600 N UNIVERSITY DR, PEMBROKE PINES, FLORIDA 33024

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MILLENNIUM CREMATORY  
VERO BEACH, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 2003

CERTIFIER'S NAME: GINA CAROLINA DOMINGO CABREJA

CERTIFIER'S LICENSE NUMBER: ME147267

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): GINA DOMINGO CABREJA

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: SEPTEMBER 30, 2023

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2025751290

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED