## J63985

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900322235559

12/26/18--01033--015 \*\*48.75

2016 DEC 26 PM 4: 23

JAY 07 2019 C. KICKAIR

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WORLDWIDE	DOOR COMPONENT	S, INC.	- 550
DOCUMENT NUM	BER:			- 2013
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.		RIDI
Please return all corre	espondence concerning this mat	ter to the following:		
	Beth Monts De Oca			
		Name of Contact Per	son	
	WORLDWIDE DOOR CO	MPONENTS, INC.		
		Firm/ Company	<u> </u>	
	5017 N COOLIDGE AVE	:		
		Address		
	TAMPA, FL 33614			
		City/ State and Zip C	ode	
	bethmontsdeoca@gmail.co	oni		
<del></del>	E-mail address: (to be us	ed for future annual rep	ort notification)	_
	on concerning this matter, pleas	e call:  865	660 - 9491	
Name of Contact Person			Code & Daytime Telephone No	umber
Enclosed is a check f	or the following amount made p	payable to the Florida D	epartment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address Dendment Section Prision of Corporations D. Box 6327 Hahassec, FL 32314	Ame Divi Clif	eet Address endment Section dision of Corporations ton Building I Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

of

## WORLDWIDE DOOR COMPONENTS, INC.

	J6398	35	95	25
	(Document Number o	f Corporation (if known)		
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	n adopts the following	amendment
. If amending name, enter the new na	me of the corporation:			
i/A				The new
ame must be distinguishable and com Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa.	ation "Corp." "Inc," or '	'Co". A professional corp		
. Enter new principal office address,	if annlicable:	N/A		
Principal office address MUST BE A S				
. Enter new mailing address, if appli	cable:			
(Mailing address MAY BE A POST		N/A		
			<del></del>	<del></del>
. If amending the registered agent an	d/or registered office add	ress in Florida, enter the i	name of the	
new registered agent and/or the nev	v registered office address	<u>s:</u>		
Name of New Registered Agent	N/A			
	(Florida str	rect address)		
New Registered Office Address:	N/A		. Florida	
New Registerea Office Address.		(City)	Zip C	ode)
		(Спу)	(21р С	ode)
<b>8</b> 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	e es es es es es es			
ew Registered Agent's Signature, if clareby accept the appointment as regist			ions of the position.	
, , , , , , , , , , , , , , , , , , , ,	9	,		
	Signature of New I	Registered Agent, if changir	ıg	

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	EVP	Beth Monts De Oca	5017 N COOLIDGE AVE
X Add			TAMPA. FL 33614
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

۸\۸	additional sheets, if necessary). (Be specific)	
<i>11</i> 3		
		<del></del>
·		_
If an :	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:	
(	if not applicable, indicate N/A)	
!/A		
<del>_</del>		
<u> </u>		

	Date of signing		, if other than th
the date of each amendments) adop	tion:		
ate this document was signed.			
N/A			
Effective date <u>if applicable</u> :	(no more than 90 days o	after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	the does not meet the applicable startment of State's records	atutory filing requirements, this date wi	ill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was were adopt by the shareholders was/were suffi	ed by the shareholders. The number cient for approval.	er of votes cast for the amendment(s)	
☐ The amendment(s) was/were appro- must be separately provided for ea	ved by the shareholders through ve ich voting group entitled to vote se	sting groups. The following statement parately on the amendment(5):	
"The number of votes cast fo	r the amendment(s) was(were suffic	zient for approval	
by		<u></u> .	
	(voting group)		
The amendment(s) was/were adopt action was not required.	ed by the board of directors withou	it shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without sha	archolder action and shareholder	
December	14, 2018		
Dated	Selection :	Montale	
Signature	eror, president or other officer - if	directors or officers have not been	<del></del>
selected.	by an incorporator - if in the hand	s of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)		
	Jerry Lee Mont-	s De Oca	
_	(Typed or printed name C	of person signing)	
	President		
-	(Title of pers	on signing)	