L50825

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D.T. WOODCRAFTERS CORP.

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: D. T. WOODCRAI	FTERS CORP.	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DAVID THIBAUDEAU		
	···-··································	Name of Contact Person	
	D. T. WOODCRAFTERS CO	ORP.	
	,	Firm/ Company	
	1677 W 31ST PLACE		
		Address	· · · · · · · · · · · · · · · · · · ·
	HIALEAH, FL 33012		
		City/ State and Zip Code	:
	ACCOUNTING@DTWOOD	CRAFTERS.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
DAVID THIBAUDEA	AU	at (³⁰⁵	638.4622 EXT 21
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	the following amount made	payable to the Florida Depa	urtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation

•	Articles of A	menament	
•	to Articles of Inc	orporation	
	of	•	: : : : : : : : : : : : : : : : : : :
P. T. WOODCRAFTERS CORP.			2022 NOV 30 AU 7.
(Name	of Corporation as currentl	y filed with the Flor	
50825			FLIZE TESTATE
	(Document Number o	Corporation (if kno	
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpo	pration adopts the following amendment
If amending name, enter the new no TIBBS CORP.	ame of the corporation:		The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,	Corp," "Inc," or "Co". A	professional corpo	porated" or the abbreviation "Corp.,"
Enter new principal office address,		N/A	
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
			
. Enter new mailing address, if appl	icable:	N/A	
(Mailing address MAY BE A POST	OFFICE BOX)		
If amending the registered agent ar			the name of the
new registered agent and/or the ne	w registered office address	<u>i</u>	
Name of New Registered Agent	N/A		
			
	(Florida stre	eet address)	
N D : 100 111			- 1
New Registered Office Address:		(City)	, Florida
		1	(,
ew Registered Agent's Signature, if c			
hereby accept the appointment as regist	tered agent. I am familiar w	rith and accept the oi	bligations of the position.
	Cinumbus of No. 7	egistered Agent, if ch	anning
	Signature of New Re	gwieren Ageni, if ch	ungmg

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)

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 <math>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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

_	ach additional sheets, if necessary). (Be specific)
lf ar	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
٨	
٦.	
<u>-</u>	
n 	
n 	<u> </u>
~ 	
<u></u>	
'A	

	N/A		f ather then the
The date of each amendment(s date this document was signed.) adoption:	,	if other than the
· ·	I/A		
Effective date if applicable:	· · · · · · · · · · · · · · · · · · ·	0 days after amendment file date)	
	(no more than 9t	o aays ajter amenament jite aatej	
Note: If the date inserted in thi document's effective date on the		cable statutory filing requirements, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or b	board of directors without shareholder action and share	reholder
☐ The amendment(s) was/were by the shareholders was/were		e number of votes east for the amendment(s)	
must be separately provided "The number of votes c	for each voting group entitled to ast for the amendment(s) was/we		
by	(voting group)	·	
11/29/22 Dated Signature	T, 6/2-8		
(By sele	a director, president or other offic	cer – if directors or officers have not been se hands of a receiver, trustee, or other court)	
	DAVID THIBAUDEAU		
	(Typed or printed)	name of person signing)	
	PRESIDENT		
	(Title of person sig	gning)	