N03000001513

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	<u> </u>		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)	 		
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Amendment Section Division of Corporations

BILL SEP OF THE LINE FUTURE BY DEISON INC. NAME OF CORPORATION: _ N03000001513 DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROXANNE MEADOWS (Name of Contact Person) FUTURE BY DESIGN INC. (Firm/ Company) 21 VALLEY LANE (Address) VENUS, FL 33960 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROXANNE MEADOWS 863-465-032 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

(Additional Copy is Enclosed)

Articles of Amendment Articles of Incorporation

	Articles of Amendment		. •
	to Articles of Incorporation	Pala Pala	**
FUTURE BY DESIGN INC	of	Q	S S S S S S S S S S S S S S S S S S S
(Name of Corporation a	s currently filed with the Flori	.da Dept. of State)	
N03000001513			The second
(Docume	ent Number of Corporation (if kn	lown)	62
Pursuant to the provisions of section 617,1006. Florid mendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For	· Profit Corporation adopts the following	,cz
If amending name, enter the new name of the c	corporation:		
		The new	
ame must be distinguishable and contain the word 'Company" or "Co." may not be used in the name.	'corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."	
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD			
mequi office address most part of the			
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(OX</u>)		
2. If amending the registered agent and/or register		enter the name of the	
new registered agent and/or the new registered	1 office address:		
Name of New Registered Agent:			
New Registered <u>Office Address:</u>	(Flo	orida street address)	
New Registered Office Address.			
_	(City)	, Florida (Zip Code)	
	(Cuy)	(z.p.Coue)	
New Registered Agent's Signature, if changing Re	gistered Agent:		
hereby accept the appointment as registered agent.	i am familiar with and accept t	me obugations of the position.	
	Signature of Many Desire	and Agant if shanning	
	Signature of New Registe	red 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.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	n <u>n Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	S/T	RAY SEEGER	P.O. BOX 491
X Add			HANOVER, MI 49241
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific	J					
							
							
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Th€	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
	AUGUST 27, 2018	
EM	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date volument's effective date on the Department of State's records.	vill not be listed as the
Ade	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(was/were sufficient for approval.	(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	8-27-18 Dated	
	Signature POMMEN MUMOUS	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	ROXANNE MEADOWS	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	