

P00 000000 3509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

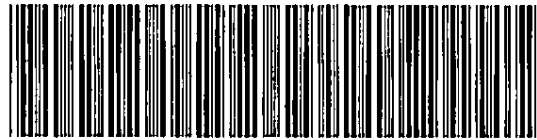
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/25
NOS

Office Use Only



600390130106

Amend

[illegible]

443.75

11/14/22--C1009--001

2022 NOV 15 AM 9:27

750

A. RAMSEY

NOV 15 2022

*00789,
*00685, 04104, 00544, 00671

COVER LETTER

RECEIVED

TO: Amendment Section
Division of Corporations

2022 JUL 25 PM 12:53

NAME OF CORPORATION: E.Z. EMBROIDERY, INC

SECRET
TALLAHASSEE

DOCUMENT NUMBER: P00000003509

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

Please return all correspondence concerning this matter to the following:

Zahava Douenias

Name of Contact Person

Firm/ Company

20213 NE 16th Place

Address

Miami, FL 33179

City/ State and Zip Code

Z.Douenias@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zahava Douenias

at (954)

955-9575

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:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2022

ZAHAVA DOUENIAS
20213 NE 16TH PLACE
MIAMI, FL 33179

SUBJECT: E.Z. EMBROIDERY, INC.
Ref. Number: P00000003509

We have received your document for E.Z. EMBROIDERY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 222A00023671

NOV 10 2022

Articles of Amendment
to
Articles of Incorporation
of

FILED

E.Z. Embroidery Inc

2022 NOV 15 AM 9:27

(Name of Corporation as currently filed with the Florida Dept. of State)

P00000003509

(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:

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)

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

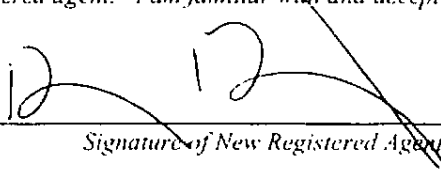
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent David Douenias
20213 NE 16th Place
(Florida street address)

New Registered Office Address: Miami, Florida 33179
(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>P</u> | <u>Victor Douenias</u> | <u>20213 NE 16th Place</u> |
| <input type="checkbox"/> Add | | | <u>Miami, FL 33179</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>D</u> | <u>Victor Douenias</u> | <u>20213 NE 16th Place</u> |
| <input type="checkbox"/> Add | | | <u>Miami, FL 33179</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>V</u> | <u>Victor Douenias</u> | <u>20213 NE 16th Place</u> |
| <input type="checkbox"/> Add | | | <u>Miami, FL 33179</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>T</u> | <u>Victor Douenias</u> | <u>20213 NE 16th Place</u> |
| <input type="checkbox"/> Add | | | <u>Miami, FL 33179</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | <u>S</u> | <u>Victor Douenias</u> | <u>20213 NE 16th Place</u> |
| <input type="checkbox"/> Add | | | <u>Miami, FL 33179</u> |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | <u>P</u> | <u>Zahava Douenias</u> | <u>20213 NE 16th Place</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Miami, FL 33179</u> |
| <input type="checkbox"/> Remove | | | |

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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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)

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

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 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 12 _____
(voting group)

Dated 11/15/22

Signature [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)

David Douenias
(Typed or printed name of person signing)

President
(Title of person signing)