## 100000034464

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Office Use Only



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07/20/12--01006--002 \*\*35.00

Amend



JUL 2 0 2012 1. ROBERTS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Roy's Custom Designs Inc
DOCUMENT NUMBER: P0000034404
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Delroy Damallie
Name of Contact Person
Roy's Custom Designs Inc
Firm/ Company
2101 NW 141 St Bay 16
Address
Opa Locka, FL 33054
City/ State and Zip Code
roycustom@att.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Delroy Damallie at 305 343-0039
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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certificate of Status (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

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

FILED	
50€ 20 <b></b> .	
TALL ANDROY SE SE	3

Roy's Custom Designs, Inc.

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

## P00000034404

dment(s) to

	マングラン ストリス
(Document Number of Corpo	pration (if known)
suant to the provisions of section 607.1006, Florida Statu Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amount
If amending name, enter the new name of the corpora A	<del></del>
	TheThe rporation," "company," or "Incorporated" or the abbrev c," or "Co". A professional corporation name must conta viation "P.A."
Enter new principal office address, if applicable; incipal office address <u>MUST BE A STREET ADDRESS</u>	NA
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	NA
If amending the registered agent and/or registered off new registered agent and/or the new registered office	
	<del></del>
Name of New Registered Agent NA	
Name of New Registered Agent	lorida street address)
Name of New Registerea Agent	lorida street address), Florida (City) (Zip Code)

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.

Example: X Change	PT	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
_X Add	_ <u>sv</u>	Sally Si		
Type of Action (Check One)	Title		Name	Address
1) Change	V		Noel R Damallie	4848 NW 24th Ct #324
X Add		_		Lauderdale Lakes, FL
Remove				33313
2) Change	<del></del>	····		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
3) Change				
Add		_		
Remove				
4) Change		<del></del>		British day and the second
Add				
Remove				
5) Change		_		
Add				
Remove				***************************************
6) Change		<u></u>		
Add				
Remove				

(Attach a	ing or adding additional Articles, enter change(s) here: iditional sheets, if necessary). (Be specific)
NA	k ( <sup>1</sup> )**
<del></del>	
	•
<u> </u>	
<del>.,. · · · · · · · · · · · · · · · · · · </del>	
provisio ( <i>if i</i>	endment provides for an exchange, reclassification, or cancellation of issued shares, not for implementing the amendment if not contained in the amendment itself: of applicable, indicate N/A)  shares allocated to Noel R. Damallie

The date of each amendment	t(s) adoption: JUIY 17, ZU1Z
Effective date <u>if applicable</u> :	NA
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	117/12
Signature	Densallie
(B	By a director, president or other officer - if directors or officers have not been
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Delroy Damallie
	(Typed or printed name of person signing)
	Director
	(Title of person signing)