# P02000116794

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### **COVER LETTER**

TO: Amendment Section Division of Corporations BAYLINK ONLINE SERVICES, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Julie M Davis Name of Contact Person Firm/ Company 12802 Raysbrook Dr Address Riverview, FL 33569 City/ State and Zip Code julie@juliesec.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813 ) 453-64-0 Area Code & Daytime Telephone Number Julie Davis 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

# Articles of Amendment to Articles of Incorporation of

BAYLINK ONLINE SERVICES, INC.
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(Name of Corporation as c	currently filed with the Florida Dept. of State)
P02000116794	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statute its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
Julie's Embroidery Creations, Inc.	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word or "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable:	Office and the second s
(Mailing address MAY BE A POST OFFICE BOX)	N/A 3
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	S S S
D. If amending the registered agent and/or registered offi	
new registered agent and/or the new registered office a	address:
Name of New Registered Agent N/A	
(Fle	lorida street address)
New Registered Office Address:	, Florida
Hen Registered Office Hadress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa.	
r nereny accept the appointment as registered agent. Tum jus	minur with und accept the obligations of the position.
·	
Signature of	f New Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.012	20 (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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	VD	Darren C Davis	12802 Raysbrook Dr
Add			Riverview, FL 33569
Remove			
2) X Change	PD	Julie M Davis	12802 Raysbrook Dr
Add			Riverview, FL 33569
Remove Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			<del></del>
6) Change			
Add		<del></del>	
Remove			

/.	itional sheets, if nece	ssary). (Be specific	?		
/A					
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if an ameno	dment provides for	an exchange, reclass	ification, or cance	llation of issued share	s,
provisions	for implementing t	he amendment if no	t contained in the	amendment itself:	<del>-</del>
(if not a	applicable, indicate	<i>N/A</i> )			
A					
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			<del></del>	<del></del>	

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The date of each amendment(s	adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	)
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	ts, 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 board of directors without shareh	older action and shareholder
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
* 3	(voting group)	
1/1/2023		
DatedSignature	Julie M Horos	
` •	director, president or other officer – if directors or officers have	
	eted, by an incorporator - if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	other court
	Julie M Davis	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	