P03000100522

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Wild Wicks & Gift	ts, Inc.	
DOCUMENT NUME	BER: P03000100522		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Trisha Kielb		
		Name of Contact Person	
		Firm/ Company	
	1466 SW San Sebastian Aver	nue	
		Address	
	Port St. Lucie, FL 34953		
		City/ State and Zip Code	;
	americon.fl@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
David Kielb		at (<u>9</u> 54	_) 444-7717
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	ertment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Anie Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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Wild Wicks & Gifts, Inc. SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) LAHASSEE, FLURE P03000100522 (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: AEI Roofing & Inspections, Inc. 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 (Florida street address) New Registered Office Address: . Florida (City) 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) (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 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	<u>PT</u>	John Doc	
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		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
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	<u> </u>
	-
	
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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)	
N/A	

. .

N/A	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
N/A	
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, th document's effective date on the Department of State's records.	is date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendn by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
November 10, 2021 Dated	
Dated	
a Mala Pill	
Signature (By a director, president or other officer – if directors or officers have not b	een
selected, by an incorporator – if in the hands of a receiver, trustee, or other	court
appointed fiduciary by that fiduciary)	
Trisha Kielb	
(Typed or printed name of person signing)	
President	
(Title of person signing)	