Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002233773)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Zo:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: DALIA ACCOUNTING SERVICE

Account Number : 120040000149

Fax Number

: (561)478-1777 : (561)478-0567

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

D1	Address:	
1 m.a. 1. 1	AUGITEUS.	

COR AMND/RESTATE/CORRECT OR O/D RESIGN CREATIVE MOULDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

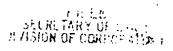
MIC OS SS!

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of



2818 AUG - 1 PM 14 24

(Name of Corporation as currently fi	ed with the Florida Dept. 01 State)
0400069205	
(Document Number of Co	rporation (if known)
ursuant to the provisions of section 607, 1006, Florida Statutes, this Florida Statutes, the Florid	
	•
. If amending name, enter the new name of the corporation;	
•	The new
ame must be distinguishable and contain the word "corporation," Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co or "Co" or "Co" or "chartered," "professional association," or the abbreviation "P.)	. A projessioner zarparame
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
·	<u> </u>
D. If amending the registered agent and/or registered office addres	s 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
New Negastered Office Name Ser.	ity) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.

address of each Office (Attach additional sheet	r and/or D	director being sary)	added:	a·	director being removed and title, i	·
Executive Officer; CFC held. President, Treasu. Changes should be not a change. Mike Jones I. Mike Jones, V as Rema) = Chief i rer, Direct ed in the fo eaves the c	Financial Offic or would be Pi ollowing manne corporation, Sa	cer. If an officer/dii TD. er. Currently John L ally Smith is named t	pector notas more	rustee; C = Chairman or Clerk; CE than one title, list the first letter of PST and Mike Jones is listed as the should be noted as John Doe, PT as	V. There is
Example: X Change	<u>PT</u> .	John Doc				
X Remove	<u>v</u>	Mike Jones				::
X Add	<u>\$V</u>	Sally Smith	;			,
Type of Action	<u>Title</u>	Nar	<u>me</u>		<u>Addres</u> s	
(Check One)	s	VI	CTOR HUGO SOL	AR .	9601 WORSWICK CT	
Change		 :	· · · · · · · · · · · · · · · · · · ·		WELLINGTON, FL 33414	·
Add			•			
Remove			•			
2) Change		<u>.</u> · _	<u>. </u>	 .		_
Add						
Remove						_
3) Change	•		<u> </u>	<u> </u>		- .
Add		•				-
Remove					<u> </u>	_
4) Change	٠.					- · · · · · · · · · · · · · · · · · · ·
Add	•	<u> </u>				
Remove		•			·	· · · · ·
	•	•		•		
5) Change		_ · <u> </u>			,	- .
Add ·						_
Remove .	.'		· .	ŧ	· · · · · · · · · · · · · · · · · · ·	·
6) Change	:	· .		<u> </u>		
Add					·	<u> </u>

Page 2 of 4

_ Remove

amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)	
	·
	•
	<u> </u>
<u> </u>	
- -	
<u> </u>	•
	·
Fan amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	cancellation of issued shares, in the amendment itself:
· .	
·	
· .	

•	08/01/2018	, if other tha
The date of each amendment(s) at date this document was signed.	option:	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed to
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cas	t for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. each voting group entitled to vote separately on th	The following statement be amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for appro	oval
by	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder	action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action	on and shareholde:
08/01/2 Dated	018	
Signature	hul Mis	
(By a	lirector, president of other officer – if directors or or or d, by an incorporator – if in the hands of a receiver ted fiduciary by that fiduciary)	officers have not been r, trustee, or other court
	HORACIO O COZZI	
	(Typed or printed name of person sign	ing)
	PD (Title of accounting)	·
•	(Title of person signing)	