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2011 JUL 12 P № 89 SECRETARY OF STATE

JUL 13 2018 T. LEVIE W



COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Butler Design Group
DOCUMENT NUMBER: POG 0000 10983
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Butter Design Group
4206 46th Ave N).
St. Petersburg FL 33714 City/State and Zip Code
E-mail address: (to be used for future annual report polification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 255-880/ 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 Certificate of Status 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

to

Articles of Incorporation

of

Butter Desig	an broup, Tar.
(Name of Corporation as currently	filed with the Florida Dept. of State)
406mmo 109	83
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	To". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	nu Change
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	no change.
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent \\ \(\sum_{\text{O}} \sum_{\text{O}} \sum_{\text{O}} \subseteq \(\sum_{\text{O}} \sum_{\text{O}} \)	Ortigosa
<u>4203 46</u>	to Ave. North
New Registered Office Address: St. Pelers h	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	APP
Signature of New Re	egistered Agent, if changing F. FLORID

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	PT John	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)ChangeAdd Remove	_PD	Ronald Belho Jr.	9432 Arbol Cd. Largo, FG 33773
2) Change Add	<u>P</u>	Mario Ortigosa	4203 461 Aven St. Peters bung FL
Remove 3) Change Add Remove	NSD	Charles Bither PSR	33714 4203 46 \$ Ave N. St. Petersburg FL 33714
4) Change Add Remove	STD	Debra Buther	St. Petershang FL 33/14
5) Change Add Remove	<u>VP</u>	Shannon Orthgosa	4203 46 # Ane 10. A. Petersburg FL 33714
6) Change Add Remove			

man all and the second of the	icles, enter change(s) here: (Be specific)
	0.0 (hana)
	no Change
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
rovisions for implementing the ame	
rovisions for implementing the ame (if not applicable, indicate N/A)	
rovisions for implementing the ame (if not applicable, indicate N/A)	
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rovisions for implementing the ame (if not applicable, indicate N/A)	
rovisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	if other than the
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 wil document's effective date on the Department of State's records.	I not be fisted as the
Adoption of Amendment(s) (CHECK ONE)	
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	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7-10-18 Signature Mala Butta Son	
(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)	
(Typed or printed name of person signing)	
(Title of person signing)	