# PDWDD012W3D

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Amend

DEC 1 7 2015 I ALBRITTON

### **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: UNITED DESIGN & GRAPHICS			
DOCUMENT NUMBER: P 06000 1 2 6 2 3 0			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter to the following:			
0.4.4.	0405		
CARLO	OS PARDO Name of Contact Person		
	Name of Contact Person		
<b>DETI NO</b>	DESIGN & GRAPHICS		
	Firm/ Company		
2009 Su	25 ST		
2009 Su	Address		
	M   FLORIDA 33   33   33   City/ State and Zip Code		
1	(DOLL )		
carlos pardo 36	63 @ hotmail.com for future annual report notification)		
E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please c	all:		
CARLOS F. PARDO	at ( 786 ) 443 - 3442  Area Code & Daytime Telephone Number		
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:			
	<b>□\$43.75</b> Filing Fee & <b>□\$52.50</b> Filing Fee		
Certificate of Status	Certified Copy (Additional copy is Certified Copy		
	enclosed) (Additional Copy		
	is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Everytive Center Circle			
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

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

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ta)	74 29 p. 322	<del>2</del> /2	- 24

### UNITED DESIGN

IGN & GRAPHICS

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

# P 06000 1 2 6 2 3 o (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

		The ne
me must be distinguishable and contain the word "corpora forp.," "Inc.," or Co.," or the designation "Corp," "Inc," o rd "chartered," "professional association," or the abbreviatio	r "Co". A professional	
Enter new principal office address; if applicable:	NAHUEL PA	3
rincipal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office and new registered agent and/or the new registered office addresses.		the name of the
		the name of the
new registered agent and/or the new registered office addr  Name of New Registered Agent	ess:	the name of the
Name of New Registered Agent		the name of the
new registered agent and/or the new registered office addr  Name of New Registered Agent	ess:	the name of the  , Florida (Zin 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; G = Chairman or Clerk; CEO:=1Chief 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 Dods listed as the PSF 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 Doe X Remove V Mike Jones X Add <u>SV</u> Sally Smith <u>Title</u> Address Type of Action 'Name (Check One) NAHUEL PARDO 2009 SW 25 ST 1) \_\_\_\_ Change  $X_{Add}$ MIAMI, FL. 33133 \_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove 3 ) \_\_\_\_ Change \_\_\_\_\_ Add \_\_ Remove 4) \_\_\_\_ Change Add \_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_ Remove

6) \_\_\_\_ Change

Add

\_\_ Remove

n additional sheets, if necessary).	(Be specific)		
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mendment provides for an exchan	ige, reclassification,	or cancellation of issued sha	res,
sions for implementing the amend f not applicable, indicate N/A)	ment if not contained	l in the amendment itself:	
ј пот аррисавле, таксале м/м)	GUNAG	COLIBAD	
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The date of each amendment(s) at date this document was signed.	doption: DECEMBER 10, 2015	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmental option of the shareholders.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_ <b>DECE</b>	MBER 10, 2015	•
Signature	faux 1	
selecte	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other of ted fiduciary by that fiduciary)	
	CARLOS PARDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	