P06000149599

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



700087705247

02/12/07--01053--013 **35.00

DIVERSE TARY OF STATIONS DIVERSE DIVERSE TARY OF STATIONS DIVERSE TARY OF STATIONS DIVERSE TARY

Amend/Name as.14.07

COVER LETTER

TO: Amendment Section
Division of Corporations

•

NAME OF CORP	ORATION: First Profes	sional Services	
DOCUMENT NUI	MBER: P06000149599		
The enclosed Articl	es of Amendment and fee a	are submitted for filing.	
Please return all cor	respondence concerning th	is matter to the following:	
Mayr	a Rodriguez		
	(Name	of Contact Person)	
First	Professional Services,	inc.	
	(Fi	rm/ Company)	
8532	NW 1st ter.		
		(Address)	 _
Miam	i, Fl 33126		
	(City/S	itate and Zip Code)	
For further informat	ion concerning this matter,	please call:	
Mayra Rodriguez		at (_305) 299-8489	9
(Name	of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check	for the following amount:		
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Statu Certified Copy (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 Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle

Articles of Amendment to Articles of Incorporation of

FIRST FTOTO	(Name of corporation as currently filed with the Florida Dept. of State)
	• • • • • • • • • • • • • • • • • • •
P(06000149599
,	(Document number of corporation (if known)
4	rovisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> ring amendment(s) to its Articles of Incorporation:
EW CORPOR	ATE NAME (if changing):
Nooden Accen	ts, Inc.
Must contain the we A professional corp	ord "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") oration must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	S ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) tle(s) being amended, added or deleted: (BE SPECIFIC)
Please add Mr. Irving	Figueroa as The Vice President for the company Wooden Accents, Inc. (P06000149599) His address is
3532 NW 1st t	er. miami Fl 33126.
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
·	
 	
<u> </u>	(Attach additional pages if necessary)
If an amendment	(Attach additional pages if necessary) provides for exchange, reclassification, or cancellation of issued shares, provision the amendment if not contained in the amendment itself: (if not applicable, indicate)

(continued)

N/A

The date of each amendment(s) adoption: 2/01/2007			
• Effective date if applicable:	•		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.		
) was/were approved by the shareholders through voting groups. The nt must be separately provided for each voting group entitled to vote amendment(s):		
"The number of	of votes cast for the amendment(s) was/were sufficient for approval by		
 	(voting group)		
) was/were adopted by the board of directors without shareholder action ction was not required.		
) was/were adopted by the incorporators without shareholder action and was not required.		
sele	director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court		
app	ointed fiduciary by that fiduciary)		
Ма	ayra Rodriguez		
	(Typed or printed name of person signing)		
Pr	esident		
	(Title of person signing)		

FILING FEE: \$35