

P07000043269

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STATE
TALLAHASSEE FL 32303

CRM
11-7-14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EVERGLADES CREATIONS INC
DOCUMENT NUMBER: P07000043269

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM DISCIPLO
Name of Contact Person
WINSTON MANUFACTURING
Firm/ Company
2335 NW 14TH ST, STE A
Address
OPA LOCKA FL 33054
City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM DISCIPLO at (305) 822 3344
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:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status 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 Circle
Tallahassee, FL 32301

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14 OCT 28 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

EVER GLADES CREATIONS, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

PO7 0000 432 69

(Document Number of Corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The new 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."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(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) (Zip Code)

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

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DP</u>	<u>DP SCIP, Ikenyeng</u>	<u>5761 SW 190th Ave</u> <u>SW RANCHES FL 33332</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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STATE
TALLAHASSEE
CLERK OF COURT

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The date of each amendment(s) adoption: 12 MAY 2014, if other than the date this document was signed.

Effective date if applicable: ~~7-28-2014~~ JUN 12 MAY 2014
(no more than 90 days after amendment file date)

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 22 OCTOBER 2014

Signature _____

(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)

William Discipio
(Typed or printed name of person signing)

DS
(Title of person signing)

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STATE OF ARIZONA

STOCK POWER


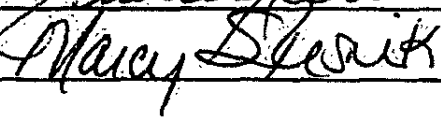
FOR VALUE RECEIVED, I, IKANYENG DI SCIPIO hereby assign and transfer to WILLIAM DI SCIPIO, all my shares (representing 51%) of the Common Capital Stock of EVERGLADES CREATIONS, INC., standing in my name on the books of said Corporation herewith and do hereby irrevocably constitute and appoint WILLIAM DI SCIPIO, to transfer said stock on the books of said Corporation with full power of substitution in the premises.

This transfer is made as part of the division of marital assets between IKANYENG DI SCIPIO and WILLIAM DI SCIPIO pursuant to the Mediated Marital Settlement Agreement and incident to a Dissolution of Marriage between the parties.

DATED: This 12 ^{may} day of April, 2014


IKANYENG DI SCIPIO

In presence of

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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RESIGNATION

I HEREBY resign, as Officer and Director and from any and all offices, that I may hold in EVERGLADES CREATIONS, INC., effective immediately.

DATED May 12, 2014

Ikanyenzi Scipio
IKANYENZI SCIPIO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

RESIGNATION & TRANSFER OF STOCK PER
ATTACHMENTS

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STATE
SECRETARY
TALAMON

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)