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C. LEWIS

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EXAMINER

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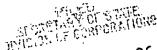
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GOORMAN Precision Woodworking Inc	i
DOCUMENT NUMBER: P 110000 13 231	
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	_
Goorman Precision Woodworking Inc.	
3003 SE 35th St. Address	_
Gainesville, FL 32641 City/ State and Zip Code	_
goormanwoodworking@hotmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Scott Goor man at (352) 219 - 6230 Name of Contact Person Area Code & Daytime Telephone Numb	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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·	Articles of Incorporation	mile On the beam	- 00
Carrie Paris	of Sion Woodworking I ently filed with the Florida Dept. of State	- MIG 19 AM	1 9: 20
Name of Corporation as curr	ently filed with the Florida Dent of State	- NC 14 HOW	 .
D. L.			•
/ 1\0000 13	ムちい nber of Corporation (if known)	······································	
•	- ' '		,
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this Florida Profit Corpo	ration adopts the following	ng amendment(s
. If amending name, enter the new name of	f the corporation:		
			The second
ame must be distinguishable and contain the	he word "corneration" "company" or	"incorporated" or the	_Ine new
Corp.," "Inc.," or Co.," or the designation			
ord "chartered," "professional association,"	or the abbreviation "P.A."		_
. Enter new principal office address, if app	dicable.		,
Principal office address <u>MUST BE A STREE</u>			-
			
•			
			,
 Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) 			
			_
 If amending the registered agent and/or r new registered agent and/or the new registered 		the name of the	, •
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	. :
	(City)	(Zip Code)	- .
·			
	•		
ew Registered Agent's Signature, if changing		1.12	٠,
hereby accept the appointment as registered a	igeni. I am Jamiliar with and accept the o	ougations of the position.	
·		 	,
Cionata	ea of New Paristanad Agent if changing		

80

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	·
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	<u>V5</u>		Roman West	3212 NW 18th St. Cainesville, FL 32604
Remove				
2) Change	<u></u>			
Remove 3) Change			<i>L</i>	
Add Remove				
4) Change		_		
Add Remove				
5) Change		-		· .
Add Remove				
6) Change	,			
Remove				

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Roman Wes Governan Pr	<u>, 10 70 F</u>	<u> </u>	<u></u>		
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an amendment provide provisions for impleme (if not applicable, in	nting the amendmen				
	<i>para</i> - 11 - 11 - 11 - 11 - 11 - 11 - 11 -				
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The date of each amendment(s) adoption:	8/15/24% के ट्रेनिट के लेकिन	, if othe	er than the
date this document was signed. Effective date if applicable:	14 AUG 19 AH 9: 26	_	· :
<u></u>	(no more than 90 days after amendment file date)		
Adoption of Amendment(s) (CH	ECK ONE)	·	,
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.		
· · · · · · · · · · · · · · · · · · ·	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):		
"The number of votes cast for the amen	ndment(s) was/were sufficient for approval		
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
(vot	ing group)		
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder		
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder		
Dated 9/3/14			
Signature	Goorman		
	ident or other officer – if directors or officers have not been or or or or or other court by that fiduciary)		
Scot	(Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
Pre	esident		
	(Title of person signing)		. :