## P11000000515

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Tillberg Design & Associates Inc. NAME OF CORPORATION: P11000066515 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dorothy Tillberg Name of Contact Person Tillberg Design & Associates Inc Firm/ Company 2256 Weston Road Address Weston, Florida 33326 City/ State and Zip Code dottie@tillberg.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dorothy Tillberg 761 1097 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (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 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

## TILLBERG DESIGN & ASSOCIATES, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P1100006	6515
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
C. Enter new mailing address, if applicable:	22 23 33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(Mailing address MAY BE A POST OFFICE BOX)	PH 3: 410
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	
New Registerea Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New	v 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Michelle Colangelo	
Add			
X Remove			
2) Change	VP	Debra L. Breslauer	1720 SW 120 Terrace
x Add			Davie, Florida 33325
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch	ongo voglaggification on o	cancellation of issued shows
provisions for implementing the ame	ndment if not contained in	the amendment itself:
(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 of	date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendments.	
"The number of votes cast for the amendment(s) was/were sufficient for approval  Nedge Louis Jacques, Dorothy Tillberg, Tomas Tillberg, Colette Atzel by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	nareholder
June 18, 2015	
Signature  (By a director, president or other officer – if directors or officers h selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
Dorothy Tillberg	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	