P1200000/90/

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

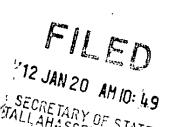
Tallahassee, FL 32314

NAME OF COR	PORATION: All American	n Wood Craftsman Inc.	
DOCUMENT N	UMBER: P2000001891		
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
	M	1ike Holden	
	(Name	of Contact Person)	
	All America	n Wood Craftsman Inc.	
	(Fi	rm/ Company)	
	. 1451	19 NE 189th Pl	
, · · · · · · · · · · · · · · · · · · ·		(Address)	
	Ffort McC	Coy, FL 32134-6358	
	(City/ S	State and Zip Code)	
For further inform	nation concerning this matter,	, please call:	
	Mike Holden	at (<u>352</u>) <u>598-5197</u>	
(Nan	ne of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a chec	ck for the following amount r	made payable to the Florida Depa	artment 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 A		Street Address	
Amendme	·	Amendment Section	
Division o	of Cornorations	Division of Cornorations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



All American Wood Craftsm	an Inc. 🤚 🌃	LLAHASSEE FLORIDA
(Name of Corporation as currently filed with t	he Florida Dept	t. of State)
P2000001891		
(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	es, this <i>Florida</i>	Profit Corporation adopts the
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
American Wood Craftsman Inc.		
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the design	ation "Corp," "Inc," or
B. Enter new principal office address, if applicable:	14519 NE 189th	Place
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Fort McCoy	
	Florida	32134
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14519 NE 189th	Place
	Fort McCoy FL	32134
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent:		ida, enter the name of the
New Registered Office Address: (Florid	da street address	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent		(Zip Code)
I hereby accept the appointment as registered agent. I am j position.		d accept the obligations of th

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	Theresa Morsillo	2423 NE 14th Ave	D Add
		Ocala Florida 34470	☑ Remove
VP	Todd Morsillo	2423 NE 14th Ave	 □ Add
		Ocala Florida 34470	☑ Remove
Т	Theresa Morsillo	2423 NE 14th Ave	— □ Add
		Ocala Florida 34470	Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)

1f 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	Mike Holden	14519 NE 189th Place	☑ Add
		Ft McCoy Florida 32134	☐ Remove
Т	Kimberly Nowak	14519 NE 189th Place	
		Ft McCoy Florida 32134	☐ Remove
			—— □ Add
			Remove
			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption:
Effective date if applicable:	(no more than 90 days after amendment file date)
(no more than 90 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1	voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	1-17-12
Signature	director, president or other officer – if directors or officers have not been
select	ed, by an incorporator – If in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Mike Holden
	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)