

P12000032282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

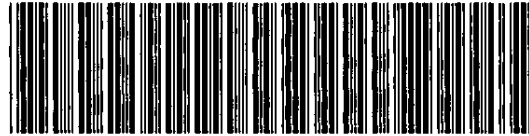
(Document Number)

Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:

Office Use Only



500240547155

10/12/12--01041--003 **43.75

10/26/12 RDO
NO:AMD

FILED
12 OCT 26 PM 3:57
CLERK SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WEEKENDS PROJECT PROFESSIONALS INC

DOCUMENT NUMBER: P12000032282

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

Please return all correspondence concerning this matter to the following:

Anthony Taylor

Name of Contact Person

Weekends Project Professionals Inc.

Firm/ Company

4450 NW 74th Avenue

Address

Lauderhill FL 33319

City/ State and Zip Code

attayloranthony1@gmail.com

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

For further information concerning this matter, please call:

Anthony Taylor

Name of Contact Person

at (954) 818-3150

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2012

ANTHONY TAYLOR
WEEKEND PROJECT PROFESSIONALS INC.
4450 NW 74TH AVENUE
LAUDERHILL, FL 33319 US

SUBJECT: WEEKENDS PROJECT PROFESSIONALS INC
Ref. Number: P12000032282

We have received your document for WEEKENDS PROJECT PROFESSIONALS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name and capacity of the person signing on behalf of the incorporator.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Also, please provide us with the date of adoption of each amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 612A00025425

RECEIVED

20 OCT 26 AM 9:50

DEPARTMENT OF STATE

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

FILED

12 OCT-26 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WEEKENDS PROJECT PROFESSIONALS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000032282

(Document Number of Corporation (if known))

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:

DAILY PROJECT PROFESSIONALS INC

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)

1201 NW 60TH AVE

SUNRISE FL 33313

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4450 NW 74 Ave
LAUDERHILL
FLORIDA 33319

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:

(City)

, Florida

(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

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	SV	Sally Smith

Address

[illegible]

2) <input type="checkbox"/> Change	<u>P</u>	<u>Richard Washington</u>	<u>1201 NW 60th Ave</u>
<input checked="" type="checkbox"/> Add			<u>Sunrise FL 33313</u>
<input type="checkbox"/> Remove			

3) <u>Change</u>	<u>D</u>	<u>Anthony Taylor</u>	<u>4450 NW 74th Ave</u>
<u>X</u> Add			<u>Lauderhill FL 33319</u>
<u>Remove</u>			

4) <input type="checkbox"/> Change	<u>D</u>	<u>Aulder Brown</u>	<u>919 NW 13th Street</u>
<input checked="" type="checkbox"/> Add			<u>Ft Lauderdale FL 33311</u>
<input type="checkbox"/> Remove			

5) ☐ Change CEO GILLES, CYR 38 S.E. BAY AVE
☒ Add HALLANDALE BEACH
☐ Remove FL. 33009

6) _____ Change _____
 _____ Add _____
 Remove _____

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

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

[illegible]

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:

9/27/2012

Effective date if applicable: September 27, 2012

(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.

- ¹ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated September 26, 2012

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)

Anthony Taylor

(Typed or printed name of person signing)

Director

(Title of person signing)