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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: The WOrks by Odon Interior
DOCUMENT NUMBER: P12000045789
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janice Odom Name of Contact Person
The Works by Colorn Inc
15534 SE SETA Terrace
Micuropy Land Zip Code Address City/ State and Zip Code
Janice, a. odom @ anail. com JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sant Ce Odom at (352) 323-1544 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

Article	s of	Incor	pora	tion

•	to Articles of Incorporation	Ellip
The Works but	John Inc	The training of the second
	ion as currently filed with the Flo	wide Dent of State) (02)
DIO ONOS ILCADO	on as currently med with the 110	rida Dept. Of State)
- + 1 A U U U U U 45 1 1 0 9	ment Number of Corporation (if kno	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
(Docum	nem Number of Corporation (if kild	JWIII
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corp	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		Thenew
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profession abbreviation "P.A."	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO D. If amending the registered agent and/or registernew registered agent and/or the new registered Name of New Registered Agent	red office address in Florida, ento	er the name of the
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Fern Petote	Gainesville fl 3266
Add			Gainsville \$13266
Remove			32605
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	,		
, Add			
Pamove			

Page 2 of 4

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
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	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	1-23-2019	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
(no mo.	re than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's re-		te will not be listed as the
Adoption of Amendment(s) (CHECK OS	<u>NE</u>)	
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group er		nt
"The number of votes east for the amendment(s)) was/were sufficient for approval	
by(voting group		
(voung group	נק	
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholde	т
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ators without shareholder action and shareholder	
Dated 1-23-201	19	
Signature (Du different aggidant or o	bother officer – if directors or officers have not been	
	- if in the hands of a receiver, trustee, or other cour	Ť
appointed fiduciary by that f		•
Prest	dent Janice Odom	
(Typed or	r printed name of person signing)	
Pre	esident	
•	(Title of person signing)	