P12000072776

(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:
Wenda Vilbrun
wants me to change
her last name.
her last name. On page, 2 of the doc. \$3/17

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DIVISION OF CORPORATION

V HERRING MAY -3 2017

W17 38/62



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2017

WENDA G. VILBURN BACKYARD BANGERS, INC. 80 NW 185 TER MIAMI GARDENS, FL 33169

SUBJECT: CERTIFIED APPAREL, INC.

Ref. Number: P12000072776

We have received your document for CERTIFIED APPAREL, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6050.

Valerie Herring Regulatory Specialist II

Letter Number: 317A00006149

COVER LETTER

NAME OF CORPORATION: Certified Apparel Two

DOCUMENT NUMBER: P1200012714

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

Please return all correspondence concerning this matter to the following:

Wonda G. Vilbrun
Name of Contact Person

BackyardBangers, Fn C
Firm/ Company

Address

Miami Gavdens FL 33144

City/ State and Zip Code

BackyardBangers TackyardBangers Tode

City/ State and Zip Code

City/ State and Zip Code

BackyardBangers TackyardBangers Tode annual report countication)

For further information concerning this matter, please call:

Wenda G. Vilbrun

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:

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

□ \$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

2017 MAY -3 PH 3: 25

Cartified Appar	elitic	- ,,, 0, 23
(Name of Corpora	tion as currently filed wi	vith the Florida Dept. of State)
P1/2000 2 109 (Doc)	ument Number of Corporat	ation (if known)
·	•	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 was "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	ord "corporation," "comprp," "Inc," or "Co". A p	The new npany," or "incorporated" or the abbreviation professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole: <u>DDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
D. If amending the registered agent and/or registered agent and/or the new registered		orida, enter the name of the
Name of New Registered Ayent		
	(Florida street address	SS)
New Registered Office Address:	(0)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reliable to the appointment as registered agent.		accept the obligations of the position.
Sig	gnature of New Registered	d 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	CFO	Esdras Villbrun	80 NW 185 ter Uiami Gardens, F13316.9
Remove 2) Change	DST	Wenda Vilbrun	· · · · · · · · · · · · · · · · · · ·
Add Remove 3) Change Add			
Remove 4) Change Add Remove			· · · · · · · · · · · · · · · · · · ·
5) Change Add Remove			
6) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Ra specific)
(Attach daditional sheets, if necessary).	(ве гресілс)
-	
- · · · · · · · · · · · · · · · · · · ·	
	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
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 date this document was signed.
Effective date if applicable: May 1, 2017
Effective date if applicable: MOY 1, 2017 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
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.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
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)
(Typed or printed name of person signing)
owner
(Title of person signing)