## P13000014631

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

Division of Corporations Jone elmprovements, enc. NAME OF CORPORATION: DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

## Articles of Amendment

to

## Articles of Incorporation of

Willy D's Nom		vements x	lec.	
(Name of Corporati	ion as currently filed	with the Florida Dept. of St	ate)	
P13000014	+631			
(Docur	nent Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this <i>Florida</i>	Profit Corporation adopts the	ne following amend	dment(s) to
A. If amending name, enter the new name of the co	orporation:			
			The	new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp	o," "Inc," or "Co". 🗵			
word "chartered," "professional association," or the	abbreviation "P.A."		÷ 🕉	
B. Enter new principal office address, if applicable	<b>e:</b>			
(Principal office address MUST BE A STREET ADI	DRESS )		ω : 1	
	<u> </u>			<u></u>
	<u> </u>		- 7	
C. Francisco modine address if and linkly			္က	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>OX</b> )		52	
			. •	_
				_
				<del></del>
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ul>		Florida, enter the name of the	<u>he</u>	
new registered agent and/or the new registered	omce audress:			
Name of New Registered Agent				
	(Florida street addr	ess)		
N. B 100 447		<b></b>		
New Registered Office Address:	(City)	, Florid	la(Zip Code)	_
	, 4.4.4		(111)	
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered agent.		d accept the obligations of the	position.	
Sign	ature of New Registere	ed 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:	., 0/10 501	nji <i>om</i> ma.	Dr us un Auu.		
X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	<u>D</u>	_	Dannyy G. Thood	y Jr.	400 Yorkslive St. Part Charlotte, FL 3395
Remove					95 75
2) Change				<u>_</u>	
Add					
Remove					-
3 ) Change		<b>-</b>		<del></del> -	
Remove					
4) Change				<u></u>	
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

	(Be specific)
<del></del>	
	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
orovisions for implementing the ame	
orovisions for implementing the ame	
provisions for implementing the ame	

The date of each amen'dment(s) adoption:	, if other than the
Effective date if applicable:	
(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 need document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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    Signature   Signa	-
WILLIAM DAR DANIELS, SR. (Typed or printed name of person signing)	<del></del>
PRESIDENT (Title of person signing)	

- . . . . .