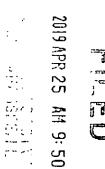
P130000/463/

(Requ	estor's Name)
(Addr	ess)
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(City/s	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busi	ess Entity Name)
(Досц	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ing Officer:
	ang Ginesi.
	Office Use Only



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04/25/19--01810--815 **\$2.50



C. GOLDEN MAY - 4 2019

COVER LETTER

To: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ully D'S Home slowerents, since.

DOCUMENT NUMBER: P130000/4631

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

Please return all correspondence concerning this matter to the following:

William D. Daniels Au Name of Contact Person
Name of Contact Person
Willy D's Home & Improvements lec
Firm/ Company
1007 Brosdiew Street
Address
Port Charlotte FL 33952
City/ State and Zip Code
willydo a compast not

For further information concerning this matter, please call:

Name of Contact Person Area Code & Daytime Telephone Number

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

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 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Street Address

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

· ~ `	to	
	Articles of Incorporation of	0/9 2
Will	y D's Home « Improvements	Delpa. "Pes "O
4	Name of Corporation as currently filed with the Florida Det	st. 6f State)
	P13000014631	50
	(Document Number of Corporation (if known)	\$70.7
Pursuant to the provision its Articles of Incorporat	s of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> son:	dopts the following amendment(s) to
A. <u>If amending name, c</u>	nter the new name of the corporation;	
		The new
"Corp.," "Inc.," or Co.	shable and contain the word "corporation," "company," or "incorp ," or the designation "Corp," "Inc," or "Co". A professional corpor essional association," or the abbreviation "P.A."	orated" or the abbreviation ration name must contain the
	office address, if applicable; MUST BE A STREET ADDRESS)	
·		•
C. <u>Enter new mailing</u> (Mailing address <u>M</u>	nddress, if appdicable: IY BE A POST OFFICE BOX)	
D. If amending the regi	stered agent and/or registered office address in Florida, enter the na	me of the
Name of New Re	t and/or the new registered office address; egistered Agent	
		F.2
	(Florida street address)	
New Registered		, Florida
	(City)	(Zip Code)
New Registered Agent's	Signature, if changing Registered Agent:	
i nereby accept the appol	ntment as registered agent. I am familiar with and accept the obligation	rs of the position.
	Signature of New Registered Agent, if changing	

address of each Officer:	und/or D	irector b	eing added:				
(Attach additional sheets,							
Please note the officer/div	ector titl	e by the fi	rst letter of t	he office titl	e:		
P = President; V = Vice I	resident	; T≃ Trea	isurer, 5= 5	ecretary; D	= Director; Ti	R= Trus	stee; C = Chairman or Clerk; CEO = Chief
executive Officer; CrO+ held. President, Treasure	Dines	rinanciai Servenile I	Ujjicer. Ij d ka PTD	ın officeridi	rector holds n	tore tha	in one title, list the first letter of each office
				enthy Inha i	Doe is listed as	e the PS	T and Mike Jones is listed as the V. There is
a change, Mike Jones lea	ves the ca	orporatio	n, Sally Smit	h is named i	the V and S. Ti	h es e sho	ould be noted as John Doe, PT as a Change,
Mike Jones, V as Remove,							
Example:							
X Change	<u>PT</u>	John Do	<u>KC</u>				
X Remove	Y	Mike Jo	nes				
X Add	<u>sv</u>	Sally Sn	aith <u>.</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				Address
l)Change	<u>a</u>	_	Dann	HG. Th	vody)	e.	400 Yorkoline St.
Add			L	,	O(C)) .	400 Yorkolise St. Part Charlotte, FL
Remove						-	- 33754
2) Change							
Add		_				_	
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3)Change				<u>-</u>			
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Remove						-	·
4) Change		_			<u> </u>	· <u>-</u>	
Add						_	· ·
Remove						_	
5) Change							
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Dames						-	
Remove						-	
O) Change		_		 -		_	
Add						-	
Kemove							

f an amendment provides for an exchange, reclassification, or cancellation of issued chares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	Attach additional	ding additional Articles, enheuts, if necessary). (Be	specific)			
f 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)						
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ode date of each amen	diment(s) adoption:	if other than the
date this document was	signed.	
Effective date if applic		
	(no more than 90 days after amendment file date)	
Note: If the date inser document's effective da	ted in this block does not meet the applicable statutory filing requirements, this date value on the Department of State's records.	vill not be listed as the
Adoption of Amendus	at(s) (CHECK ONE)	
The amendment(s) we by the shareholders	res/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
The amendment(s) w must be separately p	res/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):	
"The number o	votes cast for the amendment(s) was/were sufficient for approval	
ъу	(voting group)	
The amendment(s) was not require	es/were adopted by the board of directors without shareholder action and shareholder ed.	
The amendment(s) was not require	as/were adopted by the incorporators without shareholder action and shareholder ed.	
Dated Signa	HA 0 0 1 6	
	(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)	
	WILLIAM DAR DANIELS, SR. (Typed or printed name of person signing)	·
	PRESIDENT	·