## P13000014631

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## **COVER LETTER**

TO: Amendment Section

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Division of Corporations
NAME OF CORPORATION: Willy D'S HOME IMPROVEMENTS INCOMENT NUMBER: P130000 14631
DOCUMENT NUMBER: 1 /3 0 0 0 0 /463/
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Willy DS Home Improvements Inc  Firm/ Company  1007 BRoad View ST  Address  Charlotte FL 33952  City/ State and Zip Code  Willy DS & Concast, Net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William D DANIELS Se at 941 249 4248  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:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status \$\bigcup \text{Certified Copy} \\ (Additional copy is enclosed)\$\$ Certified Copy \\ (Additional Copy is enclosed)\$\$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

of

Willy DS	HOME IM PROVED  poration as currently filed with the Flori	yests Inc	
		da Dept. of State)	
	000 14831	<u> </u>	
(1	Document Number of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corpor</i>	ation adopts the following amendment	(s) to
A. If amending name, enter the new name of	the corporation:		
		The new	
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional corpor		
B. Enter new principal office address, if apple (Principal office address MUST BE A STREET)		<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	(E BOX)		
D. If amending the registered agent and/or renew registered agent and/or the new registered.		the name of the	
Name of New Registered Agent			
		T 70	
<del></del>	(Florida street address)		
New Registered Office Address:		, Florida-1	
	(City)	(An Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		igations of the position.	
	Signature of New Registered Agent, if cha	nging	
Check if applicable ☐ The amendment(s) is/are being filed pursuant	to s. 607.0120 (11) (e), F.S.		

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 De	ne .		
_					
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally St	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Novak	Address 1007 BROADVIEW 5treet fort Charlotte
1) Change	$\mathcal{D}$	_	JOS hUA	EUGENE	1007 BROADVIEW
_X_ Add					Street Port Charlotte
Remove					FL 33952
2) Change		<del></del>			
Add					
Remove 3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	<del></del>	_	<del></del>	<del></del>	
Add					
Remove					

attach additiona	adding additional Art I sheets, if necessary).	(Be specific)			
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			<u>.</u>		
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				<del>-</del> -	
		<del></del>		<del></del>	
an amendmen	et provides for an exc	hange, reclassificat	tion, or cancellati	on of issued shares	
rovisions for i	mplementing the ame	endment if not con	tained in the ame	ndment itself:	•
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The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requartment of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for ficient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the am	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	•
	(voting group)	
Dated		
Signature Will	ym Dar Waries SR	
	ector, president or other officer - if directors or officer	
	by an incorporator – if in the hands of a receiver, trus d fiduciary by that fiduciary)	tee, or other court
<b>f.f.</b>		
_	(Typed or printed name of person signing)	<u>C</u>
	(Typed or printed name of person signing)	
	PROCIDENT	

(Title of person signing)