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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		WORK INC			
DOCUMENT NUMB	ER:P13000042555				
	of Amendment and fee are su	ibmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
	NATALIA MEDEIROS				
-	Name of Contact Person				
CSG - CAPITAL SERVICES GROUP, INC					
-		Firm/ Company			
	446 W HILLSBORO BLVD	• •			
-		Address			
	DEERFIELD BEACH, FL 3	3441			
-		City/ State and Zip Cod	e		
NATA	.LIA@THEWAYGROUP.B	IZ			
	_	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
NATALIA MEDEIROS		954 at (de & Daytime Telephone Number		
Name o	l'Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to

to Articles of Incorporation

17

of

(Name of Corporation as currently		
	filed with the Florida Dept. of State)	
P13000042555		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
TLC CLOSETS & MORE INC	The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation "o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	1751 COPANS RD	
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33064.	
•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1751 COPANS RD	
(Studing undress SEAT BL A COST OF FICE BOX)	POMPANO BEACH, FL 33064.	
		
D. If amonding the registered agent and/or registered affice addr	ocs in Florida, enter the name of the	
D. If amending the registered agent and/or registered office addresses rew registered agent and/or the new registered office address:		
new registered agent and/or the new registered office address:		
new registered agent and/or the new registered office address:		
<u>Name of New Registered Agent</u> Name of New 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PDS	JESSE SANTOS	1751 COPANS RD
Add			POMPANO BEACH, FL 33064.
Remove			
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3) Change	***		
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
Kemore			
6) Change			
Add			
Remove			

Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:	
(į	if not applicable, indicate N/A)	

The date of each amendment(s) at date this document was signed.	loption;, i	if other than th
Effective date if applicable:		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not spartment of State's records.	be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
05/31/2017	,	
Dated Signature		
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	JESSE SANTOS	
	(Typed or printed name of person signing)	
	PDS	
	(Title of person signing)	