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SECRE LARY OF STATE OF STATE OF CHAPTORATIONS

C. LEWIS

JUL 1 4 2014

EXAMMER

COVER LETTER

Division of Corporations
NAME OF CORPORATION: EMBROIDERY WORLD INC. DOCUMENT NUMBER: P140000 53378
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TRES OLVO Name of Contact Person
Firm/ Company EMBROIDENT WORLD
3121 NW 109 AV Address
SUPRISE FL 33351
City/ State and Zip Code
REMIXTERS @ GMAIL, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FROD OLINO at 954, 6157481
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

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

Articles of Amendment

to Articles of Incorporation

	# Harib
SECRE	TARY OF STATE
HOISIVIC	OF CORPORATIONS

	of	MAISION OF CORPORATIONS
Embroider	world Inc	14 JUN 26 PM 4: 08
(Name of Corporation as curre	htly filed with the Florida Dept. of State)	
\mathcal{P}_{147}	00057378	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporat</i>	ion 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 "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		
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 regis	egistered office address in Florida, enter th	e name of the
Name of New Registered Agent	M/A	
	(Florida street address)	
New Registered Office Address:		orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	g Registered Agent: gent. I am familiar with and accept the oblig	rations of the position.
	sed (res	·
Signature	of New Registered 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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	FERD OUNO	3121 NW 109 AU SUMRISE FL3335
2) Change			
Remove 3) Change Add	·		
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	(Be specific)
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ado	PAGE TARY SECRETARY PHON: SECRETARY	ED COF STATE DRPORATIONS	if other than the
date this document was signed. Effective date if applicable:	14 JUN 26	64 tt: 06	
	(no more than 90 days after amendment	file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for icient for approval.	r the amendment(s)	
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the a		
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval		
by		•	
	(voting group)		
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder act	ion and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action a	nd shareholder	
Dated	23-14		
Signature Th	el olus		
	ector, president or other officer – if directors or offic by an incorporator – if in the hands of a receiver, tru		
	d fiduciary by that fiduciary)	sec, or outer court	
	FRED OLIVO (Typed or printed name of person si		
	(Typed or printed name of person si	gning)	
	president		 -
	(Title of nerson signing)		