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Amendaus Tantalis

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: TEKTON WOOD	CRAFTS INTERNATION	AL INC
DOCUMENT NUMB	D14000074237		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	RUSBI VELASQUEZ		
		Name of Contact Person	n
	TEKTON WOODCRAFTS I	NTERNATIONAL INC	
-		Firm/ Company	
	2000 N CONGRESS AVE S	TE 185	
•		Address	
_	WEST PALM BEACH FL 3	3409	
		City/ State and Zip Cod	e
RUTH	OLMEDA2004@HOTMAI	L.COM	
,	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
RUSBI VELASQUEZ		at (
Name o	f 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	\$43.75 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

DECEIVED

15 JUL 13 PM II III

June 29, 2015

RUSBI VELASQUEZ TEKTON WOODCRAFTS INT'L INC 2000 N. CONGRESS AVE - STE. 185 WEST PALM BEACH, FL 33409

SUBJECT: TEKTON WOODCRAFTS INTERNATIONAL INC

Ref. Number: P14000074237

We have received your document for TEKTON WOODCRAFTS INTERNATIONAL INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

PLEASE CHECK ONLY 1 (ONE) BOX.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 715A00013616

on The last page. Thank you.



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FLORIDA DEPARTMENT OF STATE Division of Corporations NIVERS OF COMPANY OF C

June 3, 2015

RUSBI VELASQUEZ TEKTON WOODCRAFTS INT'L INC 2000 N. CONGRESS AVE - STE. 185 WEST PALM BEACH, FL 33409

SUBJECT: TEKTON WOODCRAFTS INTERNATIONAL INC

Ref. Number: P14000074237

We have received document TEKTON WOODCRAFTS vour for INTERNATIONAL INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 215A00011637

Articles of Amendment

เบ rticles of Incorporation

	Articles of Incor	poration		,	
TEKTON W	boder	AF6 Infer	nation	a	LK
(<u>Name of Corpor</u>	ation as currently	filed with the Florida Dep	t. of State)	•	
D	14007	777423	7		
(Doc	cument Number of C	Corporation (if known)	<u></u>		—
(2 4.		orporation (in time init)			
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>FI</i>	orida Profit Corporation a	dopts the followin	g amendment((s) to
A. If amending name, enter the new name of the	corporation:				
				_The new	
name must be distinguishable and contain the w					
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t			ation name must	contain the	
B. Enter new principal office address, if applica	ble:				
(Principal office address MUST BE A STREET A			 		
		-		_	
				_	
C. Enter new mailing address, if applicable:	n o v				
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u>sox</u>)				
					737
			-	と 引	
					起期
D. If amending the registered agent and/or regis	stered office addres	s in Florida, enter the na	me of the	ပ် 🕆	3003
new registered agent and/or the new register				골	是磷酸
N CN D				حد ص	
Name of New Registered Agent				- - -	13/1
				Ö	
	(Florida stree	t address)		~	
New Registered Office Address:			Dineide		
New Regisierea Office Address.	(C	Lity)	_, Florida /Zip	Code)	
	, -		(7	,	
New Registered Agent's Signature, if changing F	Registered Agent:				
I hereby accept the appointment as registered agen	t. I am familiar wi	th and accept the obligation	s of the position.		
	-				
Si	ignature of New Res	gistered 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ROCIO MARTINEZ S	2000 N CONGRESS AVE STE 18
X Add			WEST PALM BEACH FL 33409
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			•
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if necessary,	rticles, enter chan). (Be specific)	```		
,					
NA					
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	ment provides for an ex for implementing the an	nendment if not co	cation, or cancella ontained in the am	tion of issued shares endment itself:	
provisions f	nnlicable, indicate N/A)				
provisions f	pplicable, indicate N/A)				
provisions f	pplicable, indicate N/A)				
provisions f	pplicable, indicate N/A)				
provisions f	pplicable, indicate N/A)				
provisions f	pplicable, indicate N/A)				
provisions f	pplicable, indicate N/A)				

	05/01/2015	
The date of each amendment(s) a	doption:, if other	er than the
date this document was signed.	1	
05/0 Effective date <u>if applicable:</u>	01/2015	
micenie date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this lead ocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be lisepartment of State's records.	sted as the
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) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
05/18/15		
DatedSignature	Rustolo-	
	lirector, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
арроп		
	RUSBI VELASQUEZ	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	-