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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: TEKTON WOOD	CRAFTS INTERNATION	AL INC
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	
Please return all correspo	ndence concerning this ma	itter to the following:	
RU	JSBI VELASQUEZ		
-		Name of Contact Person	n
TE	KTON WOODCRAFTS I	NTERNATIONAL INC	
		Firm/ Company	
91	6 MCINTOSH # I		
		Address	
W	EST PALM BEACH FL 3:	3405	
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	politication)
		ou ion initiale annual report	RATICATION
For further information ed	oncerning this matter, pleas	se call:	
RUSBI VELASQUEZ		561	54 (24)
	Contact Person	at (at (Daytime Telephone Number
Enclosed is a check for th	e following amount made i	payable to the Florida Depa	irtment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendr Division P.O. Bo	Address nent Section t of Corporations x 6327 (see, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with	the Florida Dept. of State)
P14000074237	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prof</i> its Articles of Incorporation:	fit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
TEKTON WOODCRAFTS INC	The new
name must be distinguishable and contain the word "corporation," "company," or "Inc.," or "Co". A professiona "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional association," or the abbreviation "P.A."	"incorporated" or the abbreviation "Corn."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered office address in Floric	la, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
	3 <u>5</u> 7
New Registered Office Address: (City)	, Florida (Zip Code)
	т.р Сивеу
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and acce	ent the obligations of the position
	print vonganons of the posmon.
Summer of Mark Barrier	
Signature of New Registered Age	mi, ij enanging
Theck 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	<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
I) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			<u>,</u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

ittach <i>additional she</i>	ng additional Articles, enter ch ets, if necessary). (Be specific	9		
				
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		rem sa	e	
rovisions for imple	vides for an exchange, reclassimenting the amendment if not	contained in the among	or issued shares,	
(if not applicable	indicate N/A)	Contained in the amend	iment usen:	
()	, , , , , , , , , , , , , , , , , , , ,			
				
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03/26/2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
03/26/2021	
Effective date if applicable:	
(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendation.	wing statement nent(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president of other officer – if directors or officers ha selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	ve not been or other court
RUSBI VELASQUEZ	
(Typed or printed name of person signing)	
OWNER	
(Title of person signing)	