# P14000095905

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2019 HOV 12 KH 9: 48



#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Hard Crafted Mills Work					
DOCUMENT NUMBER: DILYOCOGS905					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Wilmer Ruiz Name of Contact Person					
Hand Crafted Mill Work Firm/Company					
2430 Hingston Drive					
Address  MiGracy FC 33023  City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Wilmer	Ruiz	at ( <u>305</u>	934-4672		
Name of Contact Person Area Code & Daytime Telep		de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Amendi Division P.O. Bo	Address ment Section of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

#### Articles of Amendment

to

## Articles of Incorporation of

year co	- Mad million Foc
(Name of Corporation as current	ly filed with the Florida Dept. of State)
( <u></u>	P14610095905
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation 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	n, "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3317 NW 37 SF
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Micimi, FL 33142
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2430 hinsten Dr
	Miramar, FL 33023
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent +-Cotel) F	4 i Z
2430 Kins	reet address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
() A	9.
Signature of New A	Registered Agent, if changing
	<del>/                                    </del>

### 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> <u>Joh</u>	1 Doc	
X Remove	V Mike Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	V.T	Prochelle Arkin	4200 Alten Rd
Add Remove			Micmi, FC 33140
2) Change Add	<u>V,T</u>	Martell Ruiz	2430 Kingston Dr Miramar, Fl. 33023
Remove 3 ) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
RILA	
13/-1-/	
	<del></del>
·····	<del></del>
	<del></del>
<del>-</del>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
NA	

The date of each amendment(s) adoption: _date this document was signed.	1-1-2019	, if other than the
•	رر) (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amer approval.	ndment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by <i>(ν</i>	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	older
Dated 6-17-2	019	
selected, by an in	esident or other officer – if directors or officers have n corporator – if in the hands of a receiver, trustee, or ot ary by that fiduciary)	ot been her court
	(Typed or printed name of person signing)	
	, _	
	(Title of person signing)	