Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : KRISJOENNA SERVICES, INC.

Account Number : 120080000033 Phone : (305)644-3055

Fax Number : (305) 644-3052

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Email	Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN BLACK WOOD DESING, INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

OCT 20 2015
R. WHITE

COVER LETTER

Division of Corporations		e.	
NAME OF CORPORATION:	BLACK WOOD	DESING, INC	
DOCUMENT NUMBER:	P15000083210		
The enclosed Articles of Amend	<i>lment</i> and fee are su	ibmitted for filing.	
Please return all correspondence	concerning this ma	atter to the following:	
	BENCOMO I	BECERRA, JOSE LEONA	RDO
		Name of Contact Perso	n
	BENCOMO:	BECERRA, JOSE LEONA	IRDO
		Firm/ Company	
	500 NW 107	TH AVE APTO #9	
~ -		Address	· " ***
•	MIAMI, FL	ORIDA 33172	
		City/ State and Zip Cod	e
	Krisjoenna@y	AHOO.COM	
E-ma	il address: (to be us	sed for future annual report	notification)
		•	in this gran
For further information concerni	ng this matter, pleas	se call:	
BENCOMO BECERRA, JOSE	LEONARDO	at (305	de & Daytime Telephone Number
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	ariment of State:
	3.75 Filing Fee & tificate 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 Addr. Amendment Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle usee, FL 32301

Articles of Amendment to Articles of Incorporation

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	O	of	5. 14
BLACK WOOD DESING, IN	3		Little Comment of the Comment
(Name	of Corporation as curren	tly filed with the Florida	Dept. of State)
P15000083210		,	·
	(Document Number	of Corporation (if known)	
suant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporat	ion adopts the following amendment
If amending name, enter the new n	ame of the corporation:		
ACK WOOD DESIGN, INC			The new
orp.," "Inc.," or Co.," or the design d "chartered," "professional associa	nation "Corp," "Inc," or uton," or the abbreviation	"P.A. _. "	
<u>Enter new principal office address,</u> incipal office address <u>MUST BE A S</u>		500 NW 107TH AVI	
ucipui vijice unuress <u>in os r bi: A s</u>	TREET ADDRESS)	MIAMI, FLORIDA	33172
Enter new mailing address, if appl (Mailing address MAY BE A POST		500 NW 107TH AV	3 #9
17.444.15 44.16 45.16 47.17 47.17 47.17 47.17 47.17 47.17 47.17 47.17 47.17 47.17 47.17 47.17 47.17 47.17 47.17		MIAMI, FLORIDA 3	3179
			· · · · · · · · · · · · · · · · · · ·
If amending the registered agent an new registered agent and/or the ne	id/or registered office add w registered office addres	iress in Florida, enter th 5:	e pame of the
Name of New Registered Agent	KARAME MORUAN		
	8600 NW 64 ST	-	
•	(Florida street address)		
			22166
New Registered Office Address.	MIAMI		. Florida 33166

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

3056443052

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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change			
Add			
Remove			
2) Change		<u> </u>	
Add		. :	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u></u>
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5) Change			
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PAGE	07/07

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The date of each amendment(s) ad date this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the fficient for approval.	e amendment(s)
	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amen	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	pted by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and s	harchold er
10/18/201 Dated	15	
Signature	A Must ful	
selected	rector, president or other prince—if directors or officers h l, by an incorporator—if in the hands of a receiver, trustee ed inductary by that fiductary)	
	BENCOMO BECERRA, JOSE LEONARDO	~ .
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m i na kita da ka ka 1944. <mark>-</mark> -	(Typed or printed name of person signing)	

(Title of person signing)