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To:

Division of Corporations

Fax Number : (850) 617-6380

AUG 19 2016

Account Name : KRISJOENNA SERVICES, INC.

Account Number : I20080000033

R. WHITE

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. **

Wm=	4	1	Address:
Lange Lead	1		AUULEBAN:

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

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Certificate of Status	0
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Estimated Charge	\$35.00

COVER LETTER

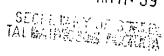
TO: Amendment Section Division of Corporation			
NAME OF CORPOR	ATION: BLACK WOOD I	DESING, INC	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	JOSE LEONARDO BENCO	OMO BECERRA	
•		Name of Contact Person	1
	BLACK WOOD DESING, I	NC	
•		Firm/ Company	
	5765 NW 84 AVE	* ***	
•		Address	
	DORAL, FL, 33166	,,==,==	
•		City/ State and Zip Cod	•
n.177		014	
DAY	ANAKARAME@GMAIL.CO		
	E-mail address: (w de u	sed for future annual report	nonneanon)
For further information	concerning this matter, pleas	se call:	
DAYANA KARAME		786 at (de & Daytime Telephone Number
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	rtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Ctrified Copy (Additional copy is enclosed)	☐\$52.50 Filing Pee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssec. FL 32301

KIJOENNA

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Articles of Amendment to Articles of Incorporation



ently filed with the Florida Dept. of State) of Corporation (if known)			
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r of Corneration (if known)			
· or corporation (it known)			
nis Florida Profit Corporation adopts the following amendment(s) to			
tton," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the n "P,A."			
5765 NW 84st AVE			
DORAL, FL 33166			
5765 NW 84st AVE			
DORAL, FL 33166			
idress in Florida, enter the name of the			
_			
(Florida street address)			
Florida 33166			
(City) (Zip Code)			

Example:

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.

X Change	PT	John Do	20			
X Remove	¥	<u>Mike Jo</u>	nes		·	
X Add	<u>sv</u>	Sally Sr	<u>uith</u>			
Type of Action (Check One)	<u>Title</u>		Name		Address	
1) Change	VP	 _	DAYANA KARAME		5765 NW 84st	
XAdd			•		DORAL, FL 33166	
Remove						
2) Change						
Add						_
Remove						
3) Change						
Add				•		
Remove					·	
4) Change		_				
Add						
Remove						_
5) Change		· 				•
Add						
Remove						
6) Change						-
Add		_				
Remove						

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	08/18/2016	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	/18/2016	
Ellective date il appreciatio	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	t(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
	st for the amendment(s) was/were sufficient for approval	
b v	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	lder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/18/20 Dated	16	
Signature	Jose L. Bencomo.	
(By a selec	director, president or other officer — if directors or officers have not bee ted, by an incorporator — if in the hands of a receiver, trustee, or other co inted fiduciary by that fiduciary)	
	JOSE LEONARDO BENCOMO BECERRA	
	(Typed or printed name of person signing)	
	PRESIDENT	·
	(Title of person signing)	