P16000012027

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700315586727

07/13/18--01029--001 **35.00

TANTES OF STATES OF ATTOM

burno

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: THE WOOD DOC	TOR INC.			
DOCUMENT NUME	BER: P16000012027		<u> </u>		
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	MILTON GIL				
		Name of Contact Perso	n		
	THE WOOD DOCTOR INC.				
	- -	Firm/ Company			
	10630 NOAHS CIRCLE #80	17			
		Address	·		
	NAPLES, FL 34116				
		City/ State and Zip Cod	e		
THEN	VOODDOCTORI@YAHOO	COM			
		sed for future annual report	notification)		
	`	ľ	•		
For further information	n concerning this matter, pleas	se call:			
MILTON GIL		at (²³⁹	273-3605		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Ame Divi P.O.	ling Address andment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle		

Articles of Amendment to Articles of Incorporation of

THE WOOD DOCTOR INC.

urrently filed with the Florida	Dept. of State)	
)	
es, this <i>Florida Profit Corpora</i> t	tion adopts the following	ng amendment(s) t
<u>ion:</u>		
		The new
poration," "company," or "ir ," or "Co". A professional co iation "P.A."	acorporated" or the a proporation name must	bbreviation
)		_
		ر المراجع المر
· · · · · · · · · · · · · · · · · · ·		5 9
		M 10: 35
	ie name of the	<u> </u>
		
		_
orida street address)		_
,	. Florida	
	mber of Corporation (if known) es, this Florida Profit Corporation: oration, " "company," or "in " or "Co". A professional contain "P.A." ce address in Florida, enter the ddress:	ce address in Florida, enter the name of the ddress:

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:

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	<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
l) Change	VD	JORJE HIMCOPIE	10630 NOAHS CIRCLE #807
Add			NAPLES, FL 34116
x Remove			
2) Change	VP	O'BRYAN GIL	8016 SW 158TH AVE
x Add			MIAMI, FL 33193
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional Ar al sheets, if necessary)	(Be specific)				
						
				_		
-,	· · · · · · · · · · · · · · · · · · ·				+ -	
			<u> </u>	 -		
		·				
					- <u></u> -	
		_	_	-		
					<u></u>	
f an amendme	nt provides for an exc	change, reclassif	īcation, or canc	ellation of issue	d shares.	
provisions for	implementing the am	endment if not o	ontained in the	amendment its	elf:	
(ij not app	licable, indicate N/A)					
						 -
					- -	
<u> </u>	. .					

The date of each amendment(s) adoption	on;	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will nent of State's records.	I not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) nt for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated	118	
	with the same of t	<u></u>
	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	
	duciary by that fiduciary)	
MILT	TON GIL	
	(Typed or printed name of person signing)	
PD		
	(Title of person signing)	

the

the