## PROCESIBI

| (Re                                     | questor's Name)   |              |  |  |
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| PICK-UP                                 | ☐ WAIT            | MAIL         |  |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | RATION: Custom Designe                      | d Homes by Becky  |   |  |  |
|--|---|---|---|--|--|
| DOCUMENT NUMI  | BER:  |   |   |  |  |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.   |   |  |  |
| Please return all corre  | spondence concerning this ma                | tter to the following:  |   |  |  |
|  | Elisabeth B Del Russo                       |   |   |  |  |
|  |   | Name of Contact Persor  | 1   |  |  |
|  | Custom Designed Homes by Becky              |   |   |  |  |
|  |   | Firm/ Company   | · · · · · · · · · · · · · · · · · · ·   |  |  |
|  | 13655 Tangerine Blvd                        |   |   |  |  |
|  | Address                                     |   |   |  |  |
|  | West Palm Beach, FL 33412                   |   |   |  |  |
|  |   | City/ State and Zip Code  | •   |  |  |
| beck   | ydelrusso@att.net                           |   |   |  |  |
|  | E-mail address: (to be u                    | sed for future annual report  | notification)   |  |  |
| For further informatio   | n concerning this matter, plea              | se call:  |   |  |  |
| Elisabeth 8 Del Russo  |   | 561<br>at (   | 795-2866  |  |  |
| Name   | of Contact Person                           | Area Co   | de & Daytime Telephone Number   |  |  |
| Enclosed is a check for  | r the following amount made                 | payable to the Florida Depa   | ertment 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<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |   |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Custom Designed Homes by Becky

| (Name of Corporation  | on as currently filed        | with the Florida D               | ept. of State)  |         |        | <del></del> |
|---|------------------------------|----------------------------------|-----------------|---------|--------|-------------|
| P16000081931  |                              |                                  |                 |         |        |             |
| (Docum  | nent Number of Corpo         | oration (if known)               |                 |         |        |             |
| Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:   | Statutes, this <i>Florid</i> | a Profit Corporation             | adopts the fol  | llowing | amendr | nent(s      |
| A. If amending name, enter the new name of the co   | rporation:                   |                                  |                 |         |        |             |
|   |                              |                                  |                 | 7       | he ne  | nw          |
| name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the | " "Inc," or "Co".            |                                  |                 |         |        |             |
| programme and a second  |                              |                                  |                 | -ė      | 18     |             |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD   |                              |                                  |                 |         |        | •           |
| (Frincipul Office address <u>MOST BE A STREET ADE</u>   | <u></u>                      |                                  |                 |         | 2      | 77          |
|   |                              |                                  |                 |         | S:     | -           |
|   |                              |                                  |                 | <u></u> | 2)     | . : : 1<br> |
| C. Enter new mailing address, if applicable:  |                              |                                  |                 | <u></u> | . 444  |             |
| (Mailing address <u>MAY BE A POST OFFICE BO</u>   | <u>X</u> )                   |                                  |                 |         | بب     |             |
|   |                              |                                  |                 |         | 2      |             |
|   |                              |                                  |                 | -       |        | -           |
|   | •                            | ·· · · · · · · · · · · · · · · · |                 |         |        |             |
| D. If amending the registered agent and/or register new registered agent and/or the new registered  |                              | Florida, enter the r             | name of the     |         |        |             |
| Name of New Registered Agent  |                              |                                  |                 |         |        |             |
|   |                              |                                  |                 |         |        |             |
| <del></del>   | (Florida street add          | ress)                            | <del>.</del>    |         |        |             |
|   |                              | ,                                |                 |         |        |             |
| New Registered Office Address:  | (City)                       |                                  | , Florida       | (Lip Co | de)    | -           |
|   |                              |                                  |                 |         | ,      |             |
|   |                              |                                  |                 |         |        |             |
| New Registered Agent's Signature, if changing Reg   | istered Agent:               |                                  |                 |         |        |             |
| I hereby accept the appointment as registered agent.  |                              | d accept the obligati            | ions of the pos | ition.  |        |             |
|   |                              |                                  |                 |         |        |             |
|   |                              |                                  |                 |         |        |             |
|   | ature of New Register        |                                  | <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.

| X Change                      | PT        | John Doe          |                           |
|-------------------------------|-----------|-------------------|---------------------------|
| X Remove                      | <u>V</u>  | Mike Jones        |                           |
| X Add                         | <u>sv</u> | Sally Smith       |                           |
| Type of Action<br>(Check One) | Title     | <u>Name</u>       | <u>Addres</u> s           |
| 1) Change                     | V         | WILLIAM DEL RUSSO | 13655 Tangerine Blvd.     |
| Add                           |           |                   | West Palm Beach, FL 33412 |
| X Remove                      |           |                   |                           |
| 2) Change                     |           |                   |                           |
| Add                           |           |                   | -                         |
| Remove                        |           |                   |                           |
| 3) Change                     |           |                   |                           |
| Add                           |           |                   |                           |
| Remove                        |           |                   |                           |
| 4) Change                     |           |                   |                           |
| Add                           |           |                   |                           |
| Remove                        |           |                   |                           |
| 5) Change                     |           |                   |                           |
| Add                           |           |                   |                           |
| Remove                        |           |                   |                           |
| б) Change                     |           |                   |                           |
| Add                           |           |                   |                           |
| Remove                        |           |                   |                           |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  |
|--|
| William Del Russo is to be removed as he has retired.  |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  |
|  |
|  |
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|   | January 1, 2017  |                           |
|---|--|---------------------------|
| The date of each amendment(s) a                                       |  | , if other than the       |
| date this document was signed.  | •  |                           |
| Effective date if applicable:   |  |                           |
| <u> </u>  | (no more than 90 days after amendment file date)   |                           |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date epartment of State's records.                                    | will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |                           |
| The amendment(s) was/were act by the shareholders was/were s          | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.   |                           |
|   | proved by the shareholders through voting groups. The following statemen reach voting group entitled to vote separately on the amendment(s): | t                         |
|   | t for the amendment(s) was/were sufficient for approval  |                           |
| by  | (voting group)   |                           |
| •   | (voting group)   |                           |
| _   | opted by the board of directors without shareholder action and shareholder   |                           |
| ☐ The amendment(s) was/were action was not required.                  | opted by the incorporators without shareholder action and shareholder  |                           |
| 4/25/201  | 8  |                           |
| Dated   | 777 1 1 1 1  |                           |
| J.  | ling like blotter was  |                           |
| Signature 9   | director, president or other officer – if directors or officers have not been  |                           |
| · •   | ed, by an incorporator – if in the hands of a receiver, trustee, or other court  |                           |
|   | nted fiduciary by that fiduciary)  |                           |
|   | Elisabeth B Del Russo  |                           |
|   | (Typed or printed name of person signing)  |                           |
|   | President  |                           |
|   | (Title of person signing)  |                           |