16000083616

(Re	equestor's Name)	
(Ad	ddress)	 -
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(C)	ty/State/Zip/Phone	. 10
(CII	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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05/26/13:H015.4 H317 **53.50

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: WOOD	Z DESIGN 1	NC		
DOCUMENT NUME	er: <u>P16000</u> 0	383616	- 11		
The enclosed Articles	of Amendment and fee are so	ubmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	TON L	<i>ي</i> .			
	1 0 1313 -0	Name of Contact Persor	3		
	Woods D	Name of Contact Person PSIGN TNC Firm/ Company 6 Address Address City/ State and Zip Code	•		
	0 1000	Firm/ Company			
	702 1	lot Aus			
	102 10.20	Address			
	a. 1	Address	72.1		
	POICE LAIM	proper Pl	3311		
		City/ State and Zip Code	e		
	TODOLONG	Q COMCAST. N	4 ↑		
	E-mail address: (to be u	e ComcasT. No sed for future annual report	notification)		
					- 7
For further information	concerning this matter, plea	se call:		19	15. <u>4.</u>
	•			<u></u>	7 <u>-</u>
Topo Lo	N4	at (954	1 410-5787	19 JEP 25 PM12: 09	
Name o	f Contact Person	Area Co		— ご 	ا > _ د ا
Enclosed is a check for	the following amount made	payable to the Florida Dona	permant of States	3	
Eliciosed is a clicer for	the following amount made	payable to the Frontia Depa	nument of state.	1.5	ALC ALC
X \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy	9	TIONS TE
			is enclosed)		
	ing Address		Address		
	ndment Section sion of Corporations		ment Section of Corporations		
	Box 6327		Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

 \mathbf{of}

Woods Design INC		
(Name of Corporation as currently f	iled with the Florida Dept. of State)	
P16000083616		
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A	The	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new maining address, if applicable: (Maiting address MAY BE A POST OFFICE BOX)	N/A 19 J	- .
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	ii.tu
Name of New Registered Agent	9 7	₹ •
	<u> </u>	
(Florida street	address)	
New Registered Office Address:	Florida	
(C.	(ZIP Code)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.	
Signature of New Reg	istered Agent, if changing	

address of each Office (Attach additional shee) Please note the officerle P = President; V= Vice Executive Officer; CFC held, President, Treasu Changes should be note	r and/or l ts, if naces director the e Presider e Chief rer, Directed in the fa	sary) tle by the first letter of the office title: it; T= Treasurer: S= Secretary: D= Director: TR= T Financial Officer. If an officer/director holds more	Trustee: C = Chairm r Clerk: CEO = Chief than one title, list the true lister of each office PST and Mike list on - listed as the V. There is
	ve, and Sa	lly Smith. SV as an Add.	
Example: 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>	<u>Name</u>	Address
1) Change	\overline{D}	TONSLONG	702 NW 6" Ave
_ X _ Add			702 NW 6" AVE FORT LAUD FI 3331)
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

__ Add

____ Remove

•	dding additional Assistant). (Be specific)	geto, nere.		
	<u> N/A</u>				
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provisions for it	t provides for an ex mplementing the ar	change, reciassification of contractions of the contraction of the con	<u>cation, or cancella</u> ontained in the an	ition of issued sha nendment itself:	ires,
(if not appli	cabie, indicate N/A)				
	NA				······································
					
	-·				

The date of each amendment(s) adoption: 61019	if other than the
date this document was signed.	
Effective date if applicable: (0 10) 19	
Effective date if applicable: (0 10 19)	
Note: If the date inserted in this block does not meet the applicable statutory firing equipment document's effective date on the Department of State's records.	tot be as so as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arts. In this by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6 10 19	
Signature Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other course.	
appointed fiduciary by that fiduciary)	
JAMES ZWALLE	
TAMES ZWYLLE (Typed or printed name of person signing)	•
PRESIDENT	
(Title of person signing)	