

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
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CULBERTSON LLP

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2525 Ponce de Leon Boulevard 4th Floor Coral Gables, FL 33134

305-358-7747 305-577-1063 (fax) www.hinshawlaw.com

December 12, 2017

<u>VIA UPS</u>

To Whom It May Concern Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> Re: Filing Articles of Amendment to Articles of Incorporation of

Workship 114, Inc to correct the name to Workshop 114, Inc.

Dear To Whom It May Concern:

Please find enclosed the original Articles of Amendment to the Articles of Incorporation of Workship 114, Inc. to correct the entity name to Workshop 114, Inc. along with our escrow check number 1404961 in the amount of \$35.00 for the filing fee.

Do not hesitate to contact the undersigned should you have any questions or need anything further.

Verv truly vours.

HINSHAWÆ CULBERTSONLLP

Kristina Pritchett

KP:

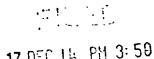
Enclosures\

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: WORKSHIP 114, | INC. | | |
|-------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| DOCUMENT NUMBI | P17000092178 | | | |
| The enclosed Articles of | f Amendment and fee are su | abmitted for filing. | | |
| Please return all corresp | ondence concerning this ma | itter to the following: | | |
| Ŧ | lliot Abbott, Esq. | | | |
| ~ | | Name of Contact Perso | n | |
| Ī | linshaw & Culbertson, LLP | | | |
| _ | <u> </u> | Firm/ Company | | |
| 2 | 525 Ponce de Leon Blvd., 4 | th Floor | | |
| - | Address | | | |
| (| Coral Gables, FL 33134 | | | |
| - | | City/ State and Zip Cod | e | |
| knritch | ett@hinshawlaw.com | | | |
| | | sed for future annual report | notification) | |
| For further information Kristina Pritchett | concerning this matter, plea | | 128 5046 | |
| | | at (| 428-5046 Ne & Daytime Telephone Number | |
| Name of | Contact Person | Area Co | kle & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Depi | artment of State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy 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



17 DEC 14 PM 3:50 Articles of Incorporation WORKSHIP 114, INC.

| (Name of Corporation as currently | filed with the Florida Dept: of State) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| P17000092178 | |
| (Document Number of 0 | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation: | Ilorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| WORKSHOP 114, INC. | The new |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered." "projessional association," or the abbreviation "P | o". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) | |
| D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address: | ss in Florida, enter the name of the |
| Name of New Registered Agent | |
| Tune of the register en right | |
| (Florida stree | et address) |
| New Registered Office Address: | . Florida |
| | (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar wi | th and accept the obligations of the position. |
| Signature of New Ke, | gistered 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.

| Example: X Change | <u>PT</u> | John Doe | |
|---------------------------------|-----------|-------------|-----------------|
| X Remove | <u>Y</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| l) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| Remove | | | |
| | | | |
| 5) Change | | | |
| Add | | | <u> </u> |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sho | ing additional Article eets, if necessary). (a | Be specific) | _ · | | |
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| provisions for impl | rovides for an exchange lementing the amendrale, indicate N/A) | ge, reclassification ment if not contain | , or cancellation of led in the amendme | issued shares, nt itself: | |
| . · | | | | | |
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| The date of each amendment(s) adoption: | if other than the |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Effective date <u>if applicable</u> : | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (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 | |
| Signature (By a director, president of other officer – if directors or officers have not been | |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| appointed fiduciary by that fiduciary) | |
| SONIA KASHUK | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |

(Title of person signing)