## P18000012123

(Requestor's Name)
(Address)
, , ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(5)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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06/16/23--01017--005 \*\*35.00

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPO	ORATION: Handmade or Dead	th Inc				
DOCUMENT NUM	D18000012123					
The enclosed Article	es of Amendment and fee are su	abmitted for filing.				
Please return all corr	respondence concerning this ma	itter to the following:				
	Melissa Ordiway					
		Name of Contact Person	1	_		
	Handmade or Death Inc					
		Firm/ Company		<del></del>		
	5827 Estates Dr					
	<del>d Territorio</del>	Address		_		
	North Port, FL 34291					
		City/ State and Zip Cod	c			
	speedjunkiesinc@gmail.com	ı				
	E-mail address: (to be u	sed for future annual report	notification)			
For further informat	ion concerning this matter, plea	se call:		: E(E)	282.	
Melissa Ordiway		at (	925-0384	<u> 경</u> 요 	91 NOF 6383	, ,, å 1 - 1 - 1 - 1
Name	e of Contact Person	Area Co	de & Daytime Telephone Numb	per	<u></u>	+(1)
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	í Si A	<u> </u>	1
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	FAL	8: 11	*
	ailing Address		Address			

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

dment(s) to	(Name of Corporation as currently filed with the Florida Dept. of State)
dment(s) to	00010103
dment(s) to	000012123
dment(s) to	(Document Number of Corporation (if known)
(5) ((	ant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following americles of Incorporation:
	amending name, enter the new name of the corporation:
new	
ъ., <sup></sup>	must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co" or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the valered," "professional association," or the abbreviation "P.A."
_	nter new principal office address, if applicable: cipal office address MUST BE A STREET ADDRESS )
_	nter new mailing address, if applicable:
_	Tailing address MAY BE A POST OFFICE BOX)
91 MNF 6802	amending the registered agent and/or registered office address in Florida, enter the name of the w registered agent and/or the new registered office address:
<del>=</del> .	Name of New Registered Agent
AH S: I	(Florida street address)
بن	New Registered Office Address Florida F
<del>^</del>	(City) (Zip Colle)
	Adming address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address in Florida, enter the name of the ew registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  Florida

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

A STATE OF THE

Remove

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>	Safty Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	Dir	Grant Harmon	2248 Kenya Ln	
X Add			Punta Gorda, Fl 33983	
Remove			<del></del>	
2)Change		<del>-</del>	<del></del>	
Add				
Remove Change				
Add			<del></del>	'> 2
Remove			<del>- 10</del>	91 NOF 6203
4) Change				
Add			25 S	•
Remove				
5) Change	<del></del>	·- ·- · · · · · · · · · · · · · · · · ·	<b>により、</b>	: 12
Add				
Remove				
6) Change	<del></del>	<del>-</del>		
Add				

06/12/2023
The date of each amendment(s) adoption:, if other than
date this document was signed.
6/01/2023
Effective date if applicable:  (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 not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
■ 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)
Dated 6/12/2023  Dated Vice Resident
(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 court appointed fiduciary by that fiduciary)
Melissa Ordiway
(Typed or printed name of person signing)
Vice President
(Title of person signing)

SECRETARY OF STATE
TALLAMASSEE, FL