## P18000 038 910

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A)	ddress)	
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: D&W ASSOCIATES FL, INC. P18000038910 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jon B. Coats, Jr. Name of Contact Person Coats Schmidt, P.A. Firm/ Company 4055 Central Avenue Address St. Petersburg, FL 33713 City/ State and Zip Code JimW@insourcees.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727 ) 456-4462

Area Code & Daytime Telephone Number Jon B. Coats, Jr., Esq. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

(Name of Corneration			
(Etaine of Corporation a	as currently filed with the Fl	orida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
	P18000038910		
(Document	Number of Corporation (if k	nown)	
rrsuant to the provisions of section 607.1006, Florida St Articles of Incorporation:	atutes, this <i>Florida Profit Co</i>	rporation adopts the follo	owing amendme
If amending name, enter the new name of the corpo	oration:		
			The new
nne must be distinguishable and contain the word " Corp.," "Inc.," or Co.," or the designation "Corp," " ord "chartered," "professional association," or the abb	"Inc," or "Co". A professio		
Enter new principal office address, if applicable:			
rincipal office address <u>MUST BE A STREET ADDRE</u>	ESS )	<u> </u>	19
		<u>्र</u> राज्ञ	ভূ ন
		£1.2	72 I
Enter new mailing address, if applicable:		(**),	n in
(Mailing address MAY BE A POST OFFICE BOX)		·= G:	<del></del>
		<u></u>	 
			<b>9</b> 1
	office address in Florida a	ator the name of the	
If amending the registered agent and/or registered new registered agent and/or the new registered off		ater the name of the	
Many of New Parietaved Agent			
Name of New Registered Agent			
Name of New Registered Agent		·	
Name of New Registered Agent	(Florida street address)		
Name of New Registered Agent  New Registered Office Address:	(Florida street address) (City)	, Florida	(Zip Code)

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
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>	<u>Addres</u> s
1) Change	٧	MARK KARAMPELAS	450 Treasure Island Cswy, Apt 710
X Add			Treasure Island, FL 33706
Remove			
2) Change			
Add			Ess.
3)Change			
Add			2 70
Remove			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)		
		<del></del>	
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		- <u>- 3* 1</u> - 2 <u>9 3.</u>	1/12
		-	
	a service and a service and	1	AH II:
an amendment provides for an exchain provisions for implementing the amend	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:	95	=
(if not applicable, indicate N/A)		JATE JUND,	25
		• •	
***		<u></u>	
		····	-
		<u>.</u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	<u>_</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 with document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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.	1 AON 61
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	2
November 5, 2019	
Signature Mun. WWW	2
(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)	
Dennis J. Twigg	
(Typed or printed name of person signing)	
President	
(Title of person signing)	