P18000061860

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uiess)	
(Cit	y/State/Zip/Phone	· #)
	_	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	F.	1
Special Instructions to	Filing Officer:	

Office Use Only



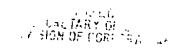
900317422749

0 123 In--Cl. Ja--14 **25.00



AUG 27 2013

COVER LETTER



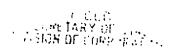
TO: Amendment Section Division of Corporations

2010 AUG 23 AM 11: 13

NAME OF CORPORATION: FENIX PROFI	ESSIONAL DESIGN, INC
DOCUMENT NUMBER: P18000061860	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
DOMINICK SAGINARIO	0
	Name of Contact Person
	Firm/ Company
3296 LAKEVIEW BLVD)
DELRAY BEACH FL 33	Address 3482
	City/ State and Zip Code
SONIA@GSTOLLEY.COM	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	lease call:
DOMINICK SAGINARIO	at () <u>637-3152</u>
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee	
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



2818 AUG 23 AM 11: 19

FENIX PROFESSIONAL DESIGN, INC

(Name of Corporation as currently filed with the Florida Dept. of State)			
P18000061860			
<u> </u>	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Torida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
DS REMODELING & RENOVATION	S, INC		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "C	Zo". A professional corpora.	rated" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent ar new registered agent and/or the ne		ess in Florida, enter the nam	e of the
Name of New Registered Agent	DOMINICK SAGINARIO		
	3296 LAKEVIEW BLVD		
	(Florida stree	et address)	*
New Registered Office Address:	DELRAY BEACH		33445 Florida
		City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	tered agent. I am familiar wi		of the position.
	Signature of New Re	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	V	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	Ρ	VERGILIO F REZENDE	3296 LAKEVIEW BLVD
Add			DELRAY BEACH FL 33445
X Remove			
2) Change	P 	DOMINICK SAGINARIO	3296 LAKEVIEW BLVD
X Add			DELRAY BEACH FL 33445
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	11. 4-11. 11.
· ·	
-	
<u> </u>	• • • • • • • • • • • • • • • • • • • •
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
1 an amendment provides for an exch provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	

08/16/2018	
The date of each amendment(s) adoption:	, if other than the
08/16/2018	
Ufficiation district = 12	
(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 widocument's effective date on the Department of State's records.	Il 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)	
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.	
08/16/2018 Dated	
Signature Duff	
(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)	_
DOMINICK SAGINARIO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

. . . .