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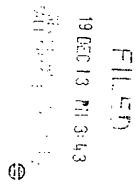
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

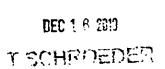
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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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WOOD DESIGN GI	ROUP INSTALLATION,	
INC.		
		
		<u> </u>
		
		Art of Inc. File
The state of the s	-	LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawał
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
- · · · · · · · · · · · · · · · · · · ·		Vehicle Search
		Driving Record
Requested by: Seth	12/16/19	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
1 MILEO	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

Articles of Amendment to Articles of Incorporation

WOOD DESIGN GROUP INSTALLATIONS, INC.

(Name of Corporation as currently	flied with the Florida Dept. of State)
P1860010190	
	Corporation (il' known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable:	13137 SW 122 Avenue
(Principal office address MUST BE A STREET ADDRESS)	Miami, 12 33186
C. Enter new mailing address, if applicable:	PARNY 453035 - 5
(Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 453035
	Migmi, fr. 33245 :. 5
	Co
D. If amending the registered agent and/or registered office addi-	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	C. Magarino
Name of New Registered Agent Maria	C. Magarino
145 SW 8 Street Unit 146	ייי
(Florida s:)	eet address)
New Registered Office Address: Miami	33130 Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I héreby accept the appointment as registered agent. I am familiar	
Maria	Magarino
Signature of Nev R	egistered Agend if changing

(Attach additional sheet Please note the afficer/of P = President; V = Vice Executive Officer; CFO President, Treasurer, Di Changes should be note a change, Mike Jones le	s, if necessary) irector title by the first letter President; T= Treasurer; Si The Chief Financial Officer, If rector would be PTD. I in the following number: C	of the office title: Secretary: D= Director: TR= an officer/director holds more th wriently John Doc is listed as th with is named the V and S. Thos	er/director being removed and title, name, and Trustee; C = Chairman or Clerk; CEO = Chief ian one title, list the first letter of each office held. e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change.
X Change	PT John Doc		
X Remove	V Mike Jones		
X Add	SV Sally Smith		
Type of Action (Check One)	Title Name		Address
1) <u>x</u> Change	Manager Juan	1 C. Hernandez	P.O BY 453035
	an Changed from P Manager.		Miami, R 33245
Remove	-	1	
2) Change	1 Maria	C. Magariño	P.O BOX 453035
<u></u> ⊁ Add		J	Miami, Fr 3:3245
Remove 3) Change			19 87
Add		,	
Remove			
4) Change			7
Add			<u> </u>
Remove			CD +
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If nmending or addin (Attach additional shee	e additional Articles, enter is, if necessary). (Be specif	change(s) here: fic)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) t for approval.	
☐ The amendment(s) was/were approved to must be separately provided for each versions.	by the shareholders through voting groups. The following statement ofing-group entitled to vote separately on the amendment(s):	•
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	n	
	(voling group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required. Dated 12/i	the incorporators without shareholder action and shareholder 2 2019	19 DI
Signature (By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	DEC 13 PM
	Maria (Magarias	3: 44
(Title o	(Typed or printed name of person signing) (Typed or printed name of person signing) (Typed or printed name of person signing)	