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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NEEDLEPOINT C	CREATIONS INC			
DOCUMENT NUMI	P19000077668				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MARCOS NIEVES PABON				
	Name of Contact Person				
	NEEDLEPOINT CREATIONS INC				
	Firm/ Company				
	2980 CLIPPER COVE LN ./	APT. 101			
	Address				
	KISSIMMEE, FL 34741				
		City/ State and Zip Code	2		
	NEEDLEPOINTCREATION	VS01@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
MARCOS NIEVES I	PABON	at (587-6953		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fec & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

NEEDLEPOINT CREATIONS INC

2020: 11 2311:01

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P19000072668	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	
	Thenew ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS))
	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent N/A	
(Flo	orida street address)
New Registered Office Address:	, Florida
The state of the s	(City) (Zip Code)
Non-Bosinson d. A. and Circumstate (C. bosses - Bosinson d	A
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	
Signature of	New Registered Agent, if changing
,, ,	The Regimered agent, y changing
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)

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	\underline{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	VP	JENNIFFER MARRERO DIAZ	5545 POTENZA DR
Add			ST CLOUD, FL 34771
X Remove	VD.	ZARLAN DAGTIDAG	SSAS DOTENZA IND
2) Change	VP	ZULAY BASTIDAS	5545 POTENZA DR
X Add			ST CLOUD, FL 34771
Remove 3) Change			
Add			_
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>f amending or ac</u> Attach <i>additional</i>	dding additional Art sheets, if necessary).	icles, enter change((Be specific)	s) here:		
					
	_				-
	<u> </u>				
<u> </u>					
<u>-</u>					<u>-</u> ,
			•		_
				<u>;</u>	
<u></u>					
· . -					
.					
f an amendmen	t provides for an exc	hange, reclassificat	ion, <u>or cancellati</u>	ion of issued share	<u>:s,</u>
provisions for in	nplementing the am	endment if not cont	ained in the ame	:ndment itself:	_
(if not applic	cable, indicate N/A)				
					<u></u>

	5-1-2020	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
5-	1-2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	ıt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	^{,,}	
	(voting group)	
5-1-2020		
Dated		
Signature	Mayor Nieves,	
<u> </u>	director, president or other officer – if directors or officers have not bee	
	ted, by an incorporator - if in the hands of a receiver, trustee, or other co	
	inted fiduciary by that fiduciary)	
	MARCOS NIEVES PABON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	