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TAY SON OF CORPORATIONS

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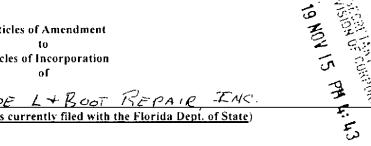
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WOODY'S	AT WELLINGTON	SHOE L+ BUCT	REPAIR INC.
DOCUMENT NUMI	BER: <u> </u>	156		٠ <u>.</u>
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.		FILED SMIDH
Please return all corre	spondence concerning this ma	itter to the following:		N CHARLE
				5 SEE
	JEROME -	Name of Contact Person No.4CH Firm/ Company		<u>고</u> 성투이
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	12445 GL	LILEGEN WAY		
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	JEROMEROACH E-mail address: (to be u	& BELL SOUTH.	1427	
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
JEROME Name	ROACH	at (541	1798-1424	
Name (of Contact Person	Area Co) <u>798~1424</u> de & Daytime Telephone Numbe	r
Enclosed is a check fo	r the following amount made	navable to the Florida Depa	urtment of State	
		pa, ao io io iiio i roi iaa isopo	or other	
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
	Certificate of Status	Certified Copy	Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy is enclosed)	
Mai	ling Address	Street	Address	
Amendment Section Amendment Section		ment Section		
Division of Corporations Division of Corporations				
	Box 6327		Building	
1 3113	ahassee, FL 32314	2001 1:	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



WOODY'S AT WELLHETUN

P19000075156

(Document Number of Corporation (if known)

nt(s) to

its Articles of Incorporation:				
A. If amending name, enter the new name of the	corporation:			
USOOY'S AT WELLINGTON SP name must be distinguishable and contain the w	40E + BOO	OT REPAIR,	INC.	_The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Cotword "chartered." "professional association," or the	rp," "Inc," or "C	o". A professional corp A."	poration name must	contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X</u>)	N/A		
D. If amending the registered agent and/or regist	tered office addre	ss in Florida, enter the	name of the	
new registered agent and/or the new registere	ed office address:			
Name of New Registered Agent	N/A			_
	(Florida stree	t address)		_
	(10) 100	1 444, 653,		
New Registered Office Address:	(0	Sity)	, Florida(Zip	Code)
New Registered Agent's Signature, if changing Relative by accept the appointment as registered agent.		th and accept the obligat	tions of the position.	
	Į.			
N	1/A			
	enature of New Re-	gistered Agent, if changing	10	_

Page 1 of 4

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name 4 /	<u>Addres</u> s
1) Change		<i>N/.A</i>	
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			 -
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific) Attach additional sheets, if necessary). (Be specific) Attach additional sheets, if necessary). (Be specific) Attach additional sheets, if necessary). (Be specific)	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N1/a	
<u>/\//f</u>	
	_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 dadocument's effective date on the Department of State's records.	ate will 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(by the shareholders was/were sufficient for approval.	s)
☐ 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):	ent
"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.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (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 cour appointed fiduciary by that fiduciary)	
ANTHONY R BOZZI, VP (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	