## P20000074010

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: The Bearded Craftmen Inc				
DOCUMENT NUMBER: <u>P2000074010</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jonathan Davila  Name of Contact Person  The Bearded Craftsmen Inc  Firm/ Company  3050 Dyer Blud 267  Address  Kissimmee Florida 34741  City/ State and Zip Code	- -			
E-mail address: (to be used for Juture annual report notification)				
For further information concerning this matter, please call:				
7 SVea / Oavila at (407) 275-5030  Name of Contact Person Area Code & Daytime Telephone Numb				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, F1, 323142415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

$\mathcal{N}\mathcal{A}$	
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$	•
its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	
charterea, projessional association, or the aboreviation P.A.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	ess in Florida, enter the name of the SSE FLE
(Florida stre	et address)
New Registered Office Address:(	. Florida  City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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)

Example:

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ceo	Felix Davila Tr	3056 Dyer Blud 267
_X∧dd			Lisimme, 1134741
Remove			
2) Change	<del></del>		
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		· - <del></del>	-
Remove			
6) Change			
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Add			
Remove			

Attach <i>additie</i>	r adding additional Ar nal sheets, if necessary)	(Be specific	$\mathcal{N}A$			
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<u>provisions f</u>	ent provides for an ex- r implementing the an	change, reclas	sification, or ca ot contained in t	ncellation of is	sued shares, t itself:	
(if not ap	plicable, indicate N/A)		WA			
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	ion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendme)	u file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing rment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors with	out shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast ent for approval.	for the amendment(s)
	ed by the shareholders through voting groups. It is voting group entitled to vote separately on the	
"The number of votes cast for t	he amendment(s) was/were sufficient for appro	val
by	(voting group)	:"
	(voting group)	
Dated <u>/2/9/2</u> Signature	2020	
(By a direct selected, by	or, president or other officer – if directors or officer an incorporator – if in the hands of a receiver, iduciary by that fiduciary)	icers have not been trustee, or other court
	TSreas Davida (Typed or printed name of person signin	
	(1) ped of printed name of person signing	g <i>)</i>
	(Title of person signing)	
	(Title of person signing)	