## P21 0000 10111

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MAY 13 2021

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## **COVER LETTER**

TO: Amendment Section Division of Corporations Screwizard Inc. NAME OF CORPORATION: P21000 10111 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person SCREWIZARD ZIC.
Firm/ Company 1319 S L ST.

Address LAKE WORTH FL 33460
City/ State and Zip Code 561 - 990 - 9299

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Liu Hong Bin at 561, 990 - 9299

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: □\$43.75 Filing Fee & ■\$52.50 Filing Fee ☐\$43.75 Filing Fee & S35 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

Certificate of Status

Certified Copy

is enclosed)

(Additional Copy

Articles of Amendment Articles of Incorporation

2021 HAR -4 PK 12: 40

Florida 33460 (Zip Code)

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SCREWIZARD INC.	· · · · · · · · · · · · · · · · · · ·
(Name of Corporation as currently	filed with the Florida Dept. of State)
P2100001011)_	
	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
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."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	No Change
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No Change
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent Liu HonGE	
1319 S L «	STREET

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if 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, Freasurer, 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.

Evample: X Change	<u>PT</u>	John Dog	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) — Change	<u>P</u>	Liu HONGBIN	1319 S L ST LAKE WORTH FL 33460
Add			-INC 110K111 L 35460
2) Change			
Add Remove 3 ) Change			
Add Remove 4) Change Add			
Remove 5) Change Add		_	
Remove 6) Change Add	<u> </u>		
Remove			

Amendm	est is	for "	Change	- of of	ficer's	Name "	-md
"Clonge	of Reg	istered	/ Name	11			
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	nt provides for implementing licable, indicate	the amendme	, reclassification ent if not contain	i, or cancellat ied in the am	<u>on 61 issued 51</u> endment <u>its</u> elf:	<u>iares,</u>	
			<del> </del>				
···-							

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

DocuSign	Envelope ID:	- F8CA2713-314	4D-41DE-A	CB9-A6984A9	81629
•					

The date of each amendment(s) adoption: $\frac{125/2 \cdot 21}{}$ , if other than the
date this document was signed
Effective date if applicable: \(\frac{125}{202}\) (no more than 90 days after amendment file date)
(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 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 the incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
2/15/2021
Dated
Signature フリエガル
(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)
Liu HoNGBIN  (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)



Detail by Entity N	Tallic				
SCREWIZARD INC.					
Filing Information					
Document Number	P21000010111				
FEI/EIN Number	NONE				
Date Filed	01/25/2021				
Effective Date	01/25/2021				
State	FL				
Status	ACTIVE				
Principal Address					
1319 S L ST.				محساد سی	Last Name
LAKE WORTH, FL 33460				1ST Name	<b>V V</b> • •
Mailing Address				•	<b>A</b>
1319 S L ST.				个	7
LAKE WORTH, FL 33460				1	
Registered Agent Name & A	\ddress				
BIN_UU	<del>&gt;</del>	Should	be	Liu	HONGBIN
1319 S L ST.	,				
LAKE WORTH, FL 33460					
Officer/Director Detail					
Name & Address					
Title P		•		1	MANGERIN
BIN_LIU		Should	be	. 4u	HONGBIN
1319 S L ST.	7				
LAKE WORTH, FL 33460					
Annual Reports					
No Annual Reports Filed					
Document Images					