P21000066716

(Re	equestor's Name)	
(Ac	ldress)	
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T. LEWIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DESIGNS FOR SE	······································	<u> </u>		
	BER: P21000066716				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	DAYANA B. GARCIA				
		Name of Contact Person	n		
	DESIGNS FOR SHADOWS	. INC.			
		Firm/ Company			
	12527 CARDIFF DR.				
		Address			
	TAMPA, FL 33625				
		City/ State and Zip Code	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
DAYANA B. GARC	TIA .	786 at (622-8861		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	tiling Address		Address		
	rision of Corporations		Amendment Section Division of Corporations		
	D. Box 6327	The Centre of Tallahassee			
Tat	lahassee, FL 32314		N. Monroe Street, Suite 810		
		Tallaha	issee, FL 32303		

Articles of Amendment to Articles of Incorporation of

DESIGNS FOR SHADOWS, INC.

(Name of Corporation as currently f	iled with the Florida Dept. of State	 e)	_
P21000066716	<u> </u>		
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the	following amer	ndment(s) to
A. If amending name, enter the new name of the corporation:		T)	
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A particular of the abbreviation "P.A."			rp., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			<u> </u>
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:	s in Florida, enter the name of the		
Name of New Registered Agent			
(Florida street	uldrays1	:3	
	autress)		2.4-4
New Registered Office Address;(C	(ry)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	h and accent the obligations of the p	Sition 5	D
,	· ······· in experies winging in p	罗西	
Signature of New Regi	stered 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, 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 De</u>	<u>)ç</u>			
X Remove	<u>v</u>	Mike Jo	<u>ones</u>			
X Add	<u>\$V</u>	Sally Si	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change	P		HERNANDEZ, RAUL R		12527 CARDIFF DR.	
Add _X Remove					TAMPA , FL 33625	
2) Change	VP	_	HERNANDEZ, RAUL R	_	12527 CARDIFF DR.	
X Add					TAMPA . FL 33625	
Remove 3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_	<u> </u>			
Add						
Remove						

ruacn	iding or adding additional sheets	, if necessary).	(Be specific)				
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provis	nendment provi ions for implem	enting the ame	ndment if not	contained in th	<u>e amendment it</u>	seif:	
(<i>ij</i>)	not applicable, i	indicate N/A)					
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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 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 east 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 east for the amendment(s) was/were sufficient for approval
by'''
(voting group)
DatedSignature
(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)
DAYANA B. GARCIA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)