# P21000067039

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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations **EVOLVING WOOD WORKS INC** NAME OF CORPORATION: \_\_ P21000067039 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AMAURIS A DIAZ Name of Contact Person Firm/ Company 18144 SW 82ND CT Address MIAMI FLORIDA 33157 City/ State and Zip Code TAMY@MIAMIPROTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (\_\_\_305\_\_\_) 338-1551
Area Code & Daytime Telephone Number AMAURIS A DIAZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filing Fee S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation

### EVOLVING WOOD WORKS INC

## (Name of Corporation as currently filed with the Florida Dept. of State)

	P210000670	)39		
	(Document Number	of Corporation (if known)	<del></del> .	<del></del>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	n adopts the following	amendment(s
A. If amending name, enter the new na	ime of the corporation:			
				The new
name must he distinguishable and contain "Inc.," or Co.," or the designation "Cochartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	ed" or the abbreviation	ı "Corp"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
		<del></del> -		<del></del>
C. Enter new mailing address, if appli				
(Mailing address MAY BE A POST)	OFFICE BOX)			
		<del></del>		
D. If amending the registered agent an new registered agent and/or the new			name of the	
	AMAURIS A DIAZ			
Name of New Registered Agent	18144 SW 82ND CT			
	(Florida s	street address)		
New Registered Office Address:	MIAMI		, Florida 33157	
New Negistered Office Address.		(City)	r torida tZip Ce	ode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			tions of the position	21
Thereby decept the approximent as regist		This and accept the onight	ims by the position.	2021/
	Mhur			. <u>I</u> 15
	Marian			<del>ن</del> –
	Signature of New	Registered Agent, if changing	ig	E:
Check if applicable				ώ √ 
☐ The amendment(s) is/are being filed p	ursuant 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	PRES	AMAURIS A DIAZ	18144 SW 82ND CT
X Add			MIAMI FL 33157
Remove			
2) Change	PRES	AMAURY A DIAZ	18144 SW 82ND CT
Add			MIAMI FL 33157
X Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
_	
<del></del>	
	<del></del>
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	

	07/22/2021	, if other than the
The date of each amendment(s) ac date this document was signed.	option:	, II other than to
date this document was signed.	07/22/2021	
Effective date <u>if applicable</u> :	( 1 00 1 6 1 101 1 10	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendm fficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following staeach voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	2
by	••	021
<u>-</u>	(voting group)	
		ب ا
	7/22/2021	
Dated		<u>&gt;</u>
		ö
Signature	rector, president or other officer – if directors or officers have not be	
	l, by an incorporator – if in the hands of a receiver, trustee, or other	
	ed fiduciary by that fiduciary)	
	Amauris A D192 (Typed or printed name of person signing)	<b>-</b>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	