P23000001507

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: H.O.M. WOODW	ORKING INC				
	1BER: P23000001507			_		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.				
Please return all corr	respondence concerning this ma	itter to the following:				
	SORIN DUMITRU ALEXA	NDRESCU				
		Name of Contact Perso	n			
	H.O.M. WOODWORKING	INC				
		Firm/ Company				
	2109 NW 49TH STREET					
		Address				
	COCONUT CREEK, FL 330					
	···	City/ State and Zip Cod				
	N.1007.1101.1110.1151.1151.11	•				
	INFO@HOMWOODWORK			_		
	n-man address; (to be th	sed for future annual report	notrification)			
Ear firther informati	ion concerning this matter, plea	mll				
or tartiset intormati	on concerning this matter, piea	SC Call.		co	20	
SORIN DUMITRU	ALEXANDRESCU	954 at (235-8935		2023 F	ELF
Name	of Contact Person	Area Co) 235-8935 de & Daytime Telephone N	uniber	E3	tru
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		d)	
S35 Filing Fee	☐\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	1 4		11.78 Turke 11.28
	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		ဏ္ ယ ယ	
	ailing Address		Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
P.O. Box 6327			entre of Tallahassee			
Tallahassee, FL 32314		2415 1	N. Monroe Street, Suite 8	10		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

H.O.M. WOODWORKING INC

(<u>N</u> ame	of Corporation as currently filed with the Florid	da Dept. of State)
P23000001507		
	(Document Number of Corporation (if know	m)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corpor</i> .	ation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		7ħenew
name must he distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	n the word "corporation," "company," or "incorpo Corp," "Inc," or "Co". A professional corpor " or the abbreviation "P,A,"	orated" or the abbreviation "Corp.," ation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
	-	
		 -
C. Enter new mailing address, if appl		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	
D. If amending the registered agent at	nd/or registered office address in Florida, enter	the name of the
new registered agent and/or the ne	w registered office address:	23
Name of New Registered Agent	SORIN DUMITRU ALEXANDRESCU	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	1668 HAYES STREET	1 mens
	(Florida street address)	
New Registered Office Address:	HÖLLYWOOD	Florida 33020
	(City)	(Zip Gode)
		. i − ∞
New Registered Agent's Signature, if c	hanging Registered Agent:	
I hereby accept the appointment as regis	tered agent. If am familiar with and accept the obl	igations of the position.
	1 U/1. /	
	Suin-	
	Signature of New Registered Agent, if cha.	nging

Check if applicable

 \Box 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)

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>b.t.</u>	John Dog	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P,S	DANIELA BURCA	2109 NW 49TH AVENUE
Add			COCONUT CREEK, FL 33063
X Remove 2) Change	P,S	SORIN D. ALEXANDRESCU	1668 HAYES STREET
X Add			HOLLYWOOD, FL 33020
Remove 3) Change	 -		
Add			
Remove 4) Change			
Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	,
	
	in the state of th
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	FEBRUARY 1, 2023	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocdocument's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date irtinent of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) clent for approval.	
	ved by the shareholders through voting groups. The following statement sch voting group cutitled to vote separately on the amendment(s):	·t
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	7	
	(voting group)	
FEBRUARY Dated(Signature*	Au-	
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court tiduciary by that fiduciary)	
D	ANIELA BURCA	
_	(Typed or printed name of person signing)	
PI	RESIDENT	
_	(Title of person signing)	