P23000017135

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: UVEXS INC				
DOCUMENT NUM	BER: P23000017135		· <u> </u>		
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Wanda Viola Puder				
	Name of Contact Person				
	UVEXS INC				
		Firm/ Company			
	PO Box 1407				
		Address			
	North Bend, OR 97459-0089				
	City/ State and Zip Code				
	wanda_puder@uvexs.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Wanda Puder		at (408) 691-8350		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation

	At ticks of theorporation		
	of		
UVEXS INC			
-	(Name of Corporation as currently filed with the Florida Dept. of State)		
P23000017135			
	(Downwood Number of Corporation (if known)		

123000017135	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporati	on:
	The new on, ""company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 new registered agent and/or the new registered office agent.	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan Signature of	

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)

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>	John Doe		
X Remove	Y	Mike Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	Title]	<u>Name</u>	<u>Addres</u> s
1) Change	S. D		Allen Brent Puder	PO Box 1407
X Add				North Bend, OR 97459-0089
Remove				
2) Change	<u>S</u>		Wanda Viola Puder	PO Box 1407
Add				orth Bend, OR 97459-0089
X Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		 .		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
 	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi tijijineusie, mineute 1921)	
	- · · · · · · · · · · · · · · · · · · ·
 	
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The date of each amendment(s) ac	leption;	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirer partment of State's records.	nents, this date will not be listed as the
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 sha	areholder 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 flicient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amena	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated	August 1, 2023	
C:	Wall Ville Tule	
selected	rector, president or other officer – if directors or officers h. l, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	Wanda Viola Puder	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	 :-