P95000094534

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SEGNETARY AS STATE
JALLAHASSEEL FLORIDA

JUL 1 7 2019 S. YOUNG

COVER LETTER

Division of Corporations				
NAME OF CORPORATION: WOOD-MACT, INC				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Robert Bad: A Name of Contact Person				
Name of Contact Person				
wood-MRIT INC				
Wood-MAIT, INC Firm/ Company				
5030 NW 109 AUC SciTe K				
Address				
Similar F/ 3735/				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
•				
For further information concerning this matter, please call:				
Open Silka-9/0:7 an (305) 807-9207				
Name of Contact Person Area Code & Daytime Telephone Num	ber			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

TO: Amendment Section

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

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Inco	
Wood-MAIT, INC	
	ly filed with the Florida Dept. of State)
P95000094534	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	NA
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Gword "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	"Co". A professional corporation name must contain the "P.A."
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: Name of New Registered Agent	
Hame of the Maganerea Agent	
(Florida stre	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	<u>t:</u>

Signature of New Registered Agent, if changing

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>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>w</u>	tike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	ROLEIT BADIA	5030 NW 109 AVR
Add			svite k
Remove			SUNRISE F1 38351
2) Change	P	MARIO BPLA	5030 NN 109 DR
Add			51.7e /s
- Remove			SUNISE F1 33751
3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

P / F	sheets, if necessary). (Be spec	-		
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	t provides for an exchange, rect	assification, or cancellation	on of issued shares,	
f an amendmen	malamanting the smeadmes+4 if	not contained in the amer	ndment itself:	
provisions for i	and a indicate N(4)			
provisions for i (if not appl	cable, indicate N/A)			
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if not appl	cable, indicate N/A)			
if not appl	cable, indicate N/A)			

The date of each amendment(s) adopt	ion: 6/19/2019	, if other than the
date this document was signed.	, ,	
Effective date <u>if applicable</u> :	1/19/2019	
sitective date it applicable.	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for tent for approval.	he amendment(s)
	ed by the shareholders through voting groups. The form the form of the state of the	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and	shareholder
Dated6/15	7/19	
Signature Lake	1/19 Badie	
(By a direct	or, president or other officer - if directors or officers	s have not been
	an incorporator - if in the hands of a receiver, truste	ee, or other court
appointed f	iduciary by that fiduciary)	
Bo	(Typed or printed name of person signing)	
P	PSidonT	
	(Title of person signing)	