P98000080460

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





800266919668

12/02/14--01021--012 **35.00

14.0EC-2 FH12: 45

EFFECTIVE DATE

AND 1, 2015

MUNDEN

12-9, 14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WELTEN CUS	STOM HOMES AND	RENOVATIONS INC.		
DOCUMENT NUMBER: P980008046	60			
The enclosed Articles of Amendment and fee are su				
Please return all correspondence concerning this ma	tter to the following:			
DAREN MILLER				
	Name of Contact Person	n		
RELIABLE RESC	DRATION INC.			
	Firm/ Company			
113 SE CROSSF	POINT DRIVE			
	Address	-		
PORT ST. LUCIE	E FLORIDA 3498	33		
	City/ State and Zip Cod			
D. D. D. L. M. L. E.D. O. L.	•	-		
DAREN-MILLER@H				
E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, pleas	se call:			
DAREN MILLER	at (772	, 979-4730		
Name of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$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	Street	Address		
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

to Articles of Incorporation

WELTEN CUSTOM HOMES AND RENOVATIONS INC. FFFFCT

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

P	a	Ω	n	Λ	n	n	Ω	ሰ	1	R	Λ
	J	u	u	u	U	v	u	u	-	u	U

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

The
orporation," "company," or "incorporated" or the abbrevionc," or "Co". A professional corporation name must contain eviation "P.A."
113 SE CROSSPOINT DRIVE
PORT ST. LUCIE
FLORIDA 34983
113 SE CROSSPOINT DRIVE
PORT ST. LUCIE
FLORIDA 34983
ffice address in Florida, enter the name of the
ffice address in Florida, enter the name of the address:
Florida street address)
e address: Florida street address)
Florida street address)
2

2 CEE JARY DE STATE V

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 <math>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)	Title	Name	<u>Addres</u> s
1) Change	Р	DAREN MILLER	113 SE CROSSPOINT DE
Add			PORT ST. LUCIE
Remove			FLORIDA 34983
2) Change	VP	DENNIS WELTEN	319 NW FRIAR ST.
Add			PORT ST. LUCIE
Remove			FLORIDA 34983
3) Change	VP	CLIFF BOSMAN	419 NW AVENS
Add			PORT ST LUCIE
√ Remove			FLORIDA 34983
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

6 SH	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	
<u>-</u> -	· · · · · · · · · · · · · · · · · · ·
	ons for implementing the amendment if not contained in the amendment itself:
<u>provisi</u>	not applicable, indicate N/A)
provisi	not applicable, indicate N/A)
<u>provisi</u>	not applicable, indicate N/A)
<u>provisi</u>	not applicable, indicate N/A)
provisi	not applicable, indicate N/A)
<u>provisi</u>	not applicable, indicate N/A)
provisi	not applicable, indicate N/A)

The date of each amendment(s) adoption: NOVEMBER 24TH 2014	if other than the
date this document was signed.	
Effective date if applicable: NOVEMBER 25TH 2014 JAN, 15T 2015	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_NOVEMBER 25TH 2014	
Signature Du and	
(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)	
DENNIS WELTEN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	