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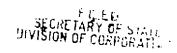
SECRETARY OF STAIL

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COVER LETTER

WORLD BASC BASC ORGANIZATION INC

TO: Amendment Section Division of Corporations



1878 JUN -8 AM 11: 20

NAME OF CORPORATION:		
N16000002414 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
FERMIN CUZA		
	(Name of Contact Persor	1)
	(Firm/ Company)	
5600 NW 36 ST, SUITE 120		
	(Address)	
MIAMI, FL 33166		
	(City/ State and Zip Code	·)
accounting@ wbasco.org		
E-mail address: (to be us	ed for future annual report r	notification)
For further information concerning this matter, pleas	se call:	
	31	5 602 4420
(Name of Contact Perso	on) (Ar	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 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 Street Address

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

Articles of Amendment to Articles of Incorporation of

FILLED SECRETARY OF STATE DIVISION OF CORPORATIONS

WORLD BASC ORGANIZATION INC

289 JUN -8 AM 11: 22

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
N16000002414			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporati	on:		
name must be distinguishable and contain the word "corporat	The new ion" or "incorporated" or the abbreviation "Corp," or "Inc."		
"Company" or "Co." may not be used in the name.	,		
B. Enter new principal office address, if applicable:	5600 NW 36 ST		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 120		
	Miami, FL 33166		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 660473, Miami Springs FL 33266		
D. If amending the registered agent and/or registered office			
new registered agent and/or the new registered office a	ddress:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am far	niliar with and accept the obligations of the position.		
Si	gnature 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.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doc te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	TD	SALVADOR MONICO	2335 NW 107 AVE
Add			SUITE 2M57/BOX 157
X Remove			DORAL, FL 33172
2) Change	TD	AGUIAR EMILIO	5600 NW 36 ST
X Add			SUITE 120
Remove			MIAMI, FL 33166
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessor	ary). (Be spec	ific)			
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The date of each amen	06/01/2018 idment(s) adoption:	, if other than the
date this document was	• • • • • • • • • • • • • • • • • • • •	<u>.</u> ,
Effective date if applic	rable:	
	(no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, this date will not bute on the Department of State's records.	e listed as the
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) it for approval.	
There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
Dated	06/01/2018	
Signature	(By the chairman or vice chairman of the board, president or other officer-if directors	_
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	FERMIN CUZA	
	(Typed or printed name of person signing)	
	by/ FCRNIN GUZA.	
	(Title of person signing)	