P06000143884

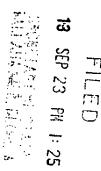
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: W. G. We	lles, IV Enterprise	es, Inc.			
DOCUMENT NUMBER: P06000143884					
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this n	natter to the following:				
Jamie Atherton,					
	Name of Contact Persor	١ ٠			
Eugene E. Wald	dron, Jr., P.A.				
	Firm/ Company				
436 CR 410					
	Address				
Arcadia, Florida	34266				
	City/ State and Zip Code	=			
ewaldron@eewj.co	m				
	used for future annual report	notification)			
For further information concerning this matter, ple	ease call:				
Jamie Atherton	at (863	, 494-4323			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount mad	e payable to the Florida Depa	rtment of State:			
\$35 Filing Fee \$\text{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 Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently t	filed with the Florida Dept. of S	State)			
P06000143884					
(Document Number o	f Corporation (if known)				
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	la Statutes, this <i>Florida Profit C</i>	forporation adopts the	following	g amen	dment(s) t
A. If amending name, enter the new name of the c	orporation:				
				The	new
name must be distinguishable and contain the wo "Corp.," "Inc" or Co.," or the designation "Corp	o," "Inc," or "Co". A profess	or "incorporated" ional corporation na	or the a	bbrefile	ation
word "chartered," "professional association," or the	e abbreviation "P.A."			-6	<u></u>
B. Enter new principal office address, if applicable	<u>e:</u>	· · · · · · · · · · · · · · · · · · ·	### I(. 23	-
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)			72	[7]
					
				: 25	
C. Enter new mailing address, if applicable:				C	
(Mailing address MAY BE A POST OFFICE BO	<u></u>			-	
				-	
				-	
D. If amending the registered agent and/or registor	red office address in Florida.	enter the name of the	e		
new registered agent and/or the new registered			_		
Name of New Registered Agent					
Name of New Registered Agent					
	(F) -: 1 11 \				
	(Florida street address)				
New Registered Office Address:		, Florida	(Code)	-	
	(City)	(Zip	(Code)		
New Registered Agent's Signature, if changing Re	aistanad Agants				
I hereby accept the appointment as registered agent.		he obligations of the	position.		
	•				
Signature of A	Yew Registered Agent, if changin				

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>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Amy Welles Anderson	436 CR 410
X			Okolona, MS 38860
Remove			
2) X Change	<u>P</u>	Tara Welles Jones	PO Box 1179
Add			Arcadia, FL 34265
Remove			
3) Change	ST	Leslie Welles Hale	PO Box 605
X Add			Arcadia, FL 34265
Remove			
4) Change	Р	W. G. Welles, IV	3779 SE CR 760
Add			Arcadia, FL 34266
X Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

E.	If amending or adding additional Artic	icles, enter change(s) here:
	(Attach additional sheets, if necessary).	(Be specific)
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F.	If an amendment provides for an excha	nange, reclassification, or cancellation of issued shares,
	provisions for implementing the amen	ndment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
_		· · · · · · · · · · · · · · · · · · ·
_		
_		

The date of each amendment	, if other than the	
date this document was signed Effective date if applicable:	August 13, 2013	
Effective date it applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Signature	Daralles Jana	
SE	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Tara Welles Jones	
	(Typed or printed name of person signing)	******
	President	
	(Title of person signing)	_