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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: WIGARANI'S SERVICES CORP The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filmg Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

	Articles of Incorporation	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	" \\".
(Name of Corporation	ANIS SOVIII on as currently filed with the	Elorida Dent. of State)	₹%, H 3: Tæ
(Chaine of Sorporach	PIRODODO	10343	- , . ,
(Docum	ent Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit C</i>	orporation adopts the following am	endment(s) t
A. If amending name, enter the new name of the co	rporation;		
			new
name must he distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	." "Inc," or "Co". A professi	or "incorporated" or the abbrevional corporation name must conta	viation uin the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>			
			
C. Enton communities and series in the			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)		
			 -
			
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept t	he obligations of the position.	
Sign	ature of New Registered Agent,	if abanqina	

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.

j	Example: <u>X</u> Change	PT	John Doo	2			
	X Remove	<u>v</u>	Mike Jor	nes			
~	X Add	<u>sv</u>	Sally Sm	ith			
	Type of Action (Check One)	<u>Title</u>		Name		Address	
1	I) Change	VF) (etica is	VIGARANI	3850 NE 15th Deerfield Boht	Avenue
	Add					Deerfield Boh FL	33441
	Remove						
2	2) Change						- -
	Add						
	Remove						_ _
2	3)Change		· <u>·</u>				
	Add						~
	Remove						- <u>-</u>
4	1) Change						_
	Add						-
	Remove						_
ŝ	5) Change	-	_				
	Add						~ -
	Remove						~_
ć	δ) Change		_				
	Add						-
	Remove						

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		on or cancellatio	n of issued shares,	
f an amendment provides for an exch provisions for implementing the ame	<u>iange, reclassificati</u> ndment if not cont	ained in the amen	dment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificati ndment if not conta	ained in the amen	dment itself:	
provisions for implementing the ame	nange, reclassificati ndment if not conta	ained in the amen	dment itself:	
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provisions for implementing the ame	nange, reclassificati	ained in the amen	dment itself:	

The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file	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.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	I by the shareholders. The number of votes east for the ient for approval.	e amendment(s)
	ed by the shareholders through voting groups. The fol th voting group entitled to vote separately on the amer	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and	shareholder
Dated 02/2	1/2018)	
Signature	undan	
	tor, president or other officer – if directors or officers y an incorporator – if in the hands of a receiver, truste	
appointed t	fiduciary by that fiduciary)	
<u> S</u> 1	RUND CESAR C VIGAR	MA
	(Typed or printed name of person signing)	
	President-	
	(Title of person signing)	