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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

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NAME OF CORPOR	ation: <u>M. WE</u> er: <u>P95000</u>	- ·	JC.
The enclosed Articles a	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
-	Pan Sprii	Name of Contact Person New Inc Firm/ Company Address Address OCity/ State and Zip Cod Sed for future annual report	<i>(v /</i>
For further information	concerning this matter, pleas	se call:	
Patricio- Name o	Degener f Contact Person	at (56/ Area Co	de & Daytime Telephone Number
	the following amount made		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amei Divis	ing Address Indment Section It ion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

M WEGENER I	NC.	
(Name of Corporation as currently		tate)
P9500051		 ,
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts t	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the professional corporation name r	abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	~/A	
		
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
		- 5
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of	the
Name of New Registered Agent N/A		
(Florida stree	et uddress)	
New Registered Office Address:	. Flori	
(0)	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of th	e position.
Signature of New Reg	gistered Agent, if changing	.
Ch. J. W P N.		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>S</u>	Patricia Wegerer	24 Springdele Circle Palm Spring FL 33461
Add		J	Palm Spring FL 33461
Remove			
2) Change	<u></u>	Evan Wegener	24 Springdill Cive
<u></u> ★ Add		O	24 Springdell Cive Pelm Springs, FL 3346
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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lf an amendment pr	ovides for an excl	nange, reclassifica	ition, or cancellati	on or issued sital es,	
provisions for impl	ementing the ame	hange, reclassifica indment if not con	ition, or cancellati ntained in the ame	ndment itself:	
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The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: July 6 2020 Kno more than 90 days after am	
Kno more than 90 days after am	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory is document's effective date on the Department of State's records.	iling requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directo action was not required.	rs without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by	,,
by(voting group)	
Dated July 6, 2020 Signature Patricia Wegan	
Signature Latice Wegen	
(By a director, president or other officer – if directors	or officers have not been
selected, by an incorporator - if in the hands of a rec	
appointed fiduciary by that fiduciary)	
Po-tricia Dego (Typed or printed name of person	MC
(Typed or printed name of person	signing)
Secretary	
(Title of person signing)	

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