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COVER LETTER

TO: Amendment Section Division of Corporations

Tailahassee, FL 32314

NAME OF CORPORATION: Wilson's Machine Products, Inc.
DOCUMENT NUMBER: 31693
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shell V Galdey Name of Contact Person Lilean's Machine Broducts, The. Firm/ Company 1844 Kentucky Muchuc Address Linter Barts, FL-32789 City/ State and Zip Code Spaidry & Milsons - machine. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherry Goldry at 107 644-2020 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\sum_{\text{S35 Filing Fee}} \sum_{\text{S43.75 Filing Fee}} \sum_{\text{S43.75 Filing Fee}} \sum_{\text{S43.75 Filing Fee}} \sum_{\text{S43.75 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{S4ditional Copy}} \sum_{\text{is enclosed}} \sum_{\text{S4ditional Copy}} \sum_{\text{is enclosed}} \sum_{\text{S4ditional Copy}} \sum_{\text{is enclosed}} \sum_{\text{S4ditional Copy}} \sum_{S4dit
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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WILSON'S MACHINE PRODUCTS, INC.



(Numa of Coa	moration of pure-th-	Stade and the state of the stat	
(Name of Cor	316931	filed with the Florida Dept. of State)	
		Companying (if have an	
		Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	Florida Profit Corporation adopts the following	g am
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	o". A professional corporation name must c	_The bbre contc
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>	licable: TADDRESS)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		WIA	
	,		
D. If amonding the registered against 1/2			
 If amending the registered agent and/or r new registered agent and/or the new regis 	egistered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent	NIA		
 -	(Florida stree		
	A) IA	a daaress)	
New Registered Office Address:		Tuy) , Florida (Zip C	ada
	10	(21)	oaej
New Registered Agent's Signature, if changin	u Danistanad taunt.		
I hereby accept the appointment as registered a	gent. Lam familiar wi	th and accept the obligations of the position.	
	<u> </u>		
	Signature of New Reg	gistered Agent, if changing	

address of each Office (Attach additional shee Please note the officer/ P - President; V = Vic Executive Officer; CFC held. President, Treasu Changes should be note	er and/or I its, if neces, director tit, e Presiden O = Chief , rer, Direct ed in the fo eaves the c	irector being added: ary) by the first letter of the T= Treasurer; S= Sec. inancial Officer. If an or would be PTD. lowing manner. Curren proporation, Sally Smith i	office title: retary; D= Director; TR= officer/director holds more tly John Doe is listed as the	Trustee; C = Chairman or Clerk, than one title, list the first letter the PST and Mike Jones is listed as to should be noted as John Doe, PT
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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add	<u>P</u> D	<u>Douglo</u>	is T. Sleiphson	Winter Part, FR &
2) Add Remove	<u>PSTO</u>	Sheu	y L. Gaidey	1844 Kentucky F Winter Parts, FL
3) Change Add Remove				
4) Change		_		

4)	Change	 			
	Add				
	Remove				
ε.	<i>(</i> 1)				
	Change Add	 			
	Aud Remove				
6)	Change	 			
	Add				
	Remove			 -	
		Page 2 of	4		

Attach additional sheets, if	necessary). (Be specif		
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an amendment provides	for an exchange, reclas	sification, or cancellation of	issued shares.
<u>provisions for implementi</u>	ng the amendment if no	ot contained in the amendmen	ıt itself:
(if not applicable, indi			
	NA		
	,		
			
		-	
		 -	
			
··· , · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption: Septem bec. 5, 2019. date this document was signed.	_, if (
Effective date if applicable: September 5, 2019. (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be
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	
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 September 23,2019.	
Signature C Salar Canif.	
(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)	
(Typed or printed name of person signing)	
_	·
President.	
(Title of person signing)	