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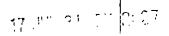
## **COVER LETTER**

TO: Amendment Section Division of Corporations WINGS OF GOLD FLT M/C, INC.
NAME OF CORPORATION:

DOCUMENT NUMBER:		_		
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following	:		!
SCOTT WOROBEY				
	(Name of Contac	t Person)	,	
WINGS OF GOLD FLT M/C, INC.				i
	(Firm/ Comp	any)		1
23410 LIBERTY BELL TERR				
	(Address	)		<u>-</u>
BOCA RATON FL 33433				!
	(City/ State and Z	Lip Code)		j
WOG.WRONGWAY@YAHOO.COM				1
E-mail address: (to l	be used for future annual	report notifica	tion)	<del></del>
For further information concerning this matter,	please call:			
SCOTT WOROBEY		954 at	857-7964	İ
(Name of Contact	Person)	(Area Cod	e) (Daytime Tele	phone Number)
Enclosed is a check for the following amount n	nade payable to the Flori	da Department	of State:	ļ.
\$35 Filing Fee  \$43.75 Filing Certificate of \$	Fee & \$\sum \$\\$43.75 Filing I Status Certified Copy (Additional copenclosed)	py is Co (A	2.50 Filing Fee entificate of Status entified Copy dditional Copy is nclosed)	
Mailing Address  Amendment Section  Division of Corporations		Street Address Amendment S Division of Co	ection	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of



WINGS OF GOLD FLT M/C. INC (Name of Corporation as currently filed with the Florida Dept. of State) N017000006395 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" 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: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

ddress of each Offic Attach additional she Please note the officer	er and/or Dire ets, if necessar, director title h	ector being added: y) by the first letter of the office title:	th officer/director being removed and title, name, and
	O = Chief Fina	ncial Officer. If an officer/director hold	; TR= Trustee; C = Chairman or Clerk; CEO = Chief is more than one title, list the first letter of each office
Changes should be no change, Mike Jones Mike Jones, V as Rem	leaves the corp	oration, Sally Smith is named the V and	ed as the PST and Mike Jones is listed as the V. There is S. These should he noted as John Doe, PT as a Change
Example: <u>X</u> Change <u>X</u> Remove		ohn Doe 4ike Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action Check One)	<u>Title</u>	Name	<u>Addres</u> s
) Change	SEC	DEBBIE AMCHIR	3201 NW 75TH TERRACE
Add			HOLLYWOOD, FL 33024
X Remove			
?) Change	TR	DEBBIE AMCHIR	3201 NW 75TH TERRACE
Add			HOLLYWOOD, FL 33024
X Remove			<del></del>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
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Page 2 of 4

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
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JULY 26 20017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
JULY 26 2017 Effective date if applicable:	
(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 document's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	I
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	nent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/v adopted by the board of directors.	vere
Dated JULY 26 2017	· 
Signature	
(By the chairman or vice chairman of the board, president or other officer-if dire have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)	
SCOTT WOROBEY	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	,