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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Wr dr	eams Cur Glais Corp.
DOCUMENT NUMBER: N 1700	0012383
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Rox	cara Teran
	(Name of Contact Person)
Our dire	aros Orer Goals Oxp.
	(Firm/ Company)
<u>6360 Ncù 1</u>	14Th ev apt 232. (Address)
	(Address)
Doct	(City/State and Zin Code)
	(City/ State and Zip Code)
<u> </u>	sed for future annual report notification)
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
ROXCITO TERAN (Name of Contact Person	at (786) (470-76-18) (Area Code) (Daytime Telephone Number)
(Name of Contact Per	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

,1	of	The state of the s
Cur Dreams	s our coxils	Cap.
	currently filed with the Flori	
NITC	1000 12383	
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDI		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
•		
 If amending the registered agent and/or registered new registered agent and/or the new registered or 		enter the name of the
new registered agent andror the new registered o	mee address.	
Name of New Registered Agent:		
New Registered Office Address:	(Flo	rida street address)
		, Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	Stered Agent	
I hereby accept the appointment as registered agent. I	am familiar with and accept t	he obligations of the position.
	•	
•	Signature of New Registe	red Agent, if changing

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.

Example: X Change, X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove	PT	Julio garmendia	10879 NW 5987 Doral, PC, 33178.
2) Add Remove	<u>50</u>	Roxana Teran	6360 nw 1147 Av apt 232, Awal, Fe 33178.
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
<u> </u>	
	
•	

	date of each amendment(s) adoption this document was signed.	on: January	127	2018	, if other than the
Effe	ctive date <u>if applicable</u> :	(no more than 90 days af	201 ier amendi	ent file date)	· · · · · · · · · · · · · · · · · · ·
	e: If the date inserted in this block do iment's effective date on the Departn		statutory f	iling requirements.	this date will not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the n	umber of	votes east for the a	mendment(s)
©	There are no members or members of adopted by the board of directors. Dated	entitled to vote on the amen	dment(s).	The amendment(s) was/were
	have not been se	or vice chairman of the boa lected, by an incorporator – inted fiduciary by that fiduc	if in the h		
	•	Roxance TCM	an		
		(Typed or printed	name of	person signing)	
		Prosident	+		
		(Title	of person	signing)	