

(Re	equestor's Name)	
(Ad	dress)	
, (Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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R. WHITE

MAY 1 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations

AMERICAS WISH NAME OF CORPORATION:	INC		
N1800000374			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
LUIS HERNANDEZ			
	(Name of Contact P	erson)	 .
AMERICAS WISH INC			
	(Firm/ Company	y)	
1601-1 N MAIN ST #3159			
	(Address)		
JACKSONVILLE, FL 32206			
	(City/ State and Zip	Code)	
INFO@AMERICASWISH.COM			
E-mail address: (to be used	d for future annual re	port notification)
For further information concerning this matter, please	e call:		
_UIS HERNANDEZ		305	4821889
(Name of Contact Person	<u>n)</u>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department of 3	state:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi is Certif	0 Filing Fee icate of Status ied Copy tional Copy is acct?

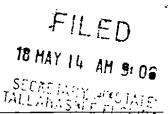
Mailing Address

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 of



AMERICAS WISH INC

(Name of Corporation as o	urrently filed with the Flori	da Dept. of State)
N18000000374		· · · · · · · · · · · · · · · · · · ·
(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 <u>MUST BE A STREET ADDI</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		enter the name of the
:ame of New Registered Agent:		
_	(Fle	orida street address)
New Registered Office Adaress:		
<u> </u>		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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 officer 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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTD	GRETA MEDINA	1601-1 N MAIN ST #3159
Add			JACKSONVILLE, FL 32206
X Remove			
2) Change	PTD	THOMAS GELSKE	1601-1 N MAIN ST #3159
x Add			JACKSONVILLE, FL 32206
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
келюче			

(attach additi	ional sheets, it	(necessary) (F	Re specific)			
Ranoue	Coreta	Medina	Peolace	د : ۴۲	THOMAS	Gelsle
AS D	ecotor.					
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E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) as	loption:	, if other than the
date this document was signed. Effective date if applicable:	5/5/18	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the anal.	mendment(s)
☐ There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) ors.	was/were
5/5/18 Dated	C110	
Signature		
have not be	rman or vice chairman of the board, president or other officeren selected, by an incorporator — if in the hands of a receiver, appointed fiduciary by that fiduciary)	
LUIS H	ERNANDE7	
	(Typed or printed name of person signing)	
PRESI	DENT	
····	(Title of person signing)	