N 1800008399

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C. GOLDEN AUG - 9 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	BLUE WINGS WOR		
DOCUMENT NUMBER:	N18000008399		
The enclosed Articles of Am	endment and fee are subm	itted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
ALAIN MAIKI			
	(Name of Contact Persor	n)
BLUE WINGS WORLD,IN	1C		
		(Firm/ Company)	
1185 NW 123 PLACE			
		(Address)	
MIAMI,FL 33182			
	(City/ State and Zip Cod	e)
ACOTAX44@YAHOO.CO	MC		
E	-mail address: (to be used	for future annual report	notification)
For further information conc	erning this matter, please c	all:	
ALAIN MAIKI		at	6-329-263
	(Name of Contact Person)	(Aı	rea Code) (Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Depa	artment of State:
■ \$35 Filing Fee		2843.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Division o P.O. Box (nt Section of Corporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

BLUE WINGS WORLD, INC

2018 AUG -8 PM 2: 20

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE, FL N18000008399 (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. SAME B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: SAME (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: (City) (Zip Code) 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

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	<u>V</u> <u>Mik</u>	n Doc te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	p	LUIS MOLINA	1185 NW 123 PLACE
Add			MIAMI, FL 33182
X Remove			
2) Change	P	ALAIN MAIKI	1185 NW 123 PLACE
X Add			MIAMI, FL 33182
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
We made an error with the name of Luis Molina as President, that person no exist and it was a typing error.				
We hereby apology and request that it be canceled as we showed in the amendment noted above.				
	-			
				

•		8/4/2018	
	date of each amendment this document was signed	(s) adoption:	, if other than the
Effe	ective date if applicable:	IMMEDIATE	
-5	<u> </u>	(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	ot be listed as the
Ada	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/was/were sufficient for a	vere adopted by the members and the number of votes east for the amendment(s) oproval.	
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	8/4/2 Dated	018	
	Signature	llan Weike	
	hav_{E}^{f}	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	AL	AIN MAIKI	
		(Typed or printed name of person signing)	
	PF	RESIDENT	
		(Title of person signing)	