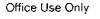
N18000012188

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000322002710

01/10/19--01008--029 **35.00

SECRETARY OF STATE

JAN 15 22.7

COVER LETTER

l'allahassee, Fl. 32314

• • • • • • • • • • • • • • • • • • • •					
•	,				
		COVER LETTER			ON THE SEE
O: Amendment Section					:
Division of Corporatio	ons -				100
•					The state of the s
AAIF OF CORPORATI	Wings of Recovery ON:				
AUL, OF CORTORATE					
ACHARAT MEMBER.	N18000012188				
OCOMENT NOMBER.					
he enclosed Articles of An	nendment and fee are sub-	mitted for filing.			
lease return all correspond	dence concerning this matt	er to the following:			
Melissa DeJesus		- -			
—					
	_	(Name of Contact Perso	n)		
Vings of Recovery Networ	k. Inc				
					
		(Lirm Company)			
5 Via de Casas Sur Apt 10	-1				
	** <u>**</u>	(Address)			
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
oynton Beach, FL 33426					
		(City State and Zip Cod	le)		
mtact@wingsofrecoveryn	etwork com				
	:-mail address: (to be used	I Car Catalina and an I many and			
		·	nomean	((4))	
or further information conc	eerning this matter, please	call:			
lelissa DeJesus		56	1	704-0705	
	(Name of Contact Person	al			
			rea Code	. ,	one Number)
closed is a check for the f	ollowing amount made pa	yable to the Horida Dep.	atment o	of State:	
■ \$35 Filling Lee	□\$43.75 Filling Lee &	□\$43.754 iling bee &	□552	.50 Lilling Fee	
-	Certificate of Status	Certified Copy		tificate of Status	
		(Additional copy is		titled Copy	
		enclosed)		ditional Copy is Hosedi	
Mailing A			Address		
Amendme Division o	nt Section d'Corporations		iment Sec	ction porations	
P.O. Box t			m or Corp (Building		
		, , , , , , , ,		-	

2661 Executive Center Circle Fallahassec, FL 32301

Articles of Amendment

	Articles of Amendment	rida Dept. of State
A	to articles of Incorporation	
Wings of Recovery Network, Inc	of	
· · · · · · · · · · · · · · · · · · ·		
(<u>Name of Corporation as c</u> N48000012188	urrently filed with the Flor	rida Dept. of State)
-	Number of Corporation (i) k	Down Co.
	•	
ursuant to the provisions of section 617,1006, Florida- mendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the cor	poration:	
ŃΑ.		
ame must be distinguishable and contain the word "co	rporation' or "incorporate	i or the abtrieviation (corp., or In
Company" or "Co." may not be used in the name.		
Enter new principal office address, if applicable:	NA	
rincipal office address <u>MUST BE A STREET ADDF</u>	RESS)	
	· ·	
Enter new mailing address, if applicable:	X 4	
(Mailing address MAY BE A POST OF FICE BOX		
. If amending the registered agent and/or registere	d officer address in Unwide	
new registered agent and/or the new registered of	<u>Gorke address in riorida.</u> <u>Tice address:</u>	enter the name of the
Name of New Registered Agent:	\	
	iII	orda street address)
New Registered Office Address:		
		, Florida
	(Cuy)	(Zip Code)
ew Registered Agent's Signature, if changing Regis	tered Agent:	
ew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. The	tered Agent: am familiar with and accept	the obligations of the position.

Page 1 of 4

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 officeridirector 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	<u>V</u> <u>Mik</u>	n Doc se Jones s. Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	M <u>dres</u> s
X Change	P	Leonard Schwartz	(5 Viii de Casas Sui
Add			Apr 104
Remove			Boymon Beach, FL 33426
X 2) Change	V	Andrew Schwartz	2846 Farm Walk Rd
Add			Yorktownn Hts. NY 40598
Remove X 3.1 Change	81	Melissa DeJesus	1105 Mrami Blvd
Add			Delray Beach, FL 33483
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Art (attach additional sheets, it necessary).	(Be specific)
× Α	
	
	-
-	

	date of each amendment(s) adopti	on:	it other than th
	this document was signed. Sective date <u>if applicable</u> :	January 8, 2019 (no more than 90 days after amendment file date)	 .
<u>Not</u> doc	e: If the date inserted in this block do ument's effective date on the Departn	oes not meet the applicable statutory filing requirements, this date ment of State's records.	will not be fisted as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was were adopte was were sufficient for approval.	d by the members and the number of votes east for the amendment	(N)
	There are no members or members of adopted by the board of directors. Date:	entitled to vote on the amendment(s). The amendment(s) was were	
	Signature		
	have not been sel	or vice chairman of the board, president or other officer-if director lected, by an incorporator—if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	Melissa M De	desus	
	 	(Typed or printed name of person signing)	
	Treasurer Sec	relary	
		(Little of person signing)	-