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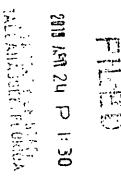
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COVER LETTER

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TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Weston	1-Unishers leme Inc
DOCUMENT NUMBER: 19000	001776
The enclosed Articles of Amendment and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	e following:
KOBOFT J (Name	of Contact Person)
ω	A
	irm/ Company)
6332 / Weksbury	Terrare
	(Address)
Dayle FL	<i>333</i> 3/
	State and Zip Code)
Weston Ponshers/e	nc Q GMa, 1, Conurre annual report notification)
For further information concerning this matter, please call:	7
ROBERT J IURITA	at 954 551 9284
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida Department of State:
(Add	7.75 Filing Fee & Section See Section 1.75 Filing Fee Section 1.75 Certificate of Status Section 1.75 Certificate Oppy Sectio
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of	
Weston Ponishers	lemc Inc	PILEO
(Name of Corporation as curren	tly filed with the Florida Dept.	of State)
N 190000	01776	2919 사위 24 위 1: 30
	er of Corporation (if known)	THE LANGE OF L. PAURILA
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i> C	orporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	
		The new
name must be distinguishable and contain the word "corporate "Company" or "Co," may not be used in the name.	,	
B. Enter new principal office address, if applicable:	(0332 /weksh	ing ferrice
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DUVIE FL	33331
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6332 Iwek	sbury lerrace
	Dink Fr	33331
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office and registered office and registered office and registered of the register		name of the
Name of New Registered Agent:	KOBOT J IU	לדדו 2
6332	2 Jueksby 1	errace
New Registered Office Address:	(r tortua street	adaressj
Des	VIE	, Florida <u>3333 /</u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		Z. (d
I hereby accept the appointment as registered agent. I am fai	mujar with and accept the oblige	nions of the position.
S	ignature of New Registered Ager	nt, 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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	1P	Steven Calabis	300, SU18th Terr
Add Remove			FLANDONNA FE 33315
2) Change Add	IRCa	Thomas Bhegani	_1881 Su 112 Die
Remove 3) Change	<u>VP</u>	Robert J luzitte	
Add			Davi = FL 33331
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add Remove			

. <u>If amending or addir</u> (attach additional shed	ng additional Articlets, if necessary).	es, enter change (Be specific)	<u>e(s) here</u> :			
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		 u.	,			
						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: April 22 2019	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	ent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors.	ere
Dated 4/22/2019	
Signature	
(By the chairman or vice chairman of the board president or other offices if direct	etors
have not been selected, by an incorporator - if in the hands of a receiver, trustee	, or
other court appointed fiduciary by that fiduciary)	
KOBERT JURITTO	
(Typed or printed name of person signing)	_
Vice Hesidens.	

(Title of person signing)