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Certified Copies	Certificates of	of Status
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COVER LETTER

TO: Amendment Section **Division of Corporations**

WOHASU FOUNDA	TION, INC.		
N19000002396			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
MANUEL SCHIAPPA PIETRA			
-	(Name of Contact Pers	ion)	
	(7)		
	(Firm/ Company)		
2616 GRANADA BLVD			
	(Address)		
CORAL GABLES, FL 33134			
((City/ State and Zip Co	ode)	
manuel@happinesssummit.world			
E-mail address: (to be used	for future annual repor	rt notification)
For further information concerning this matter, please of	call:		
MANUEL SCHIAPPA PIETRA	3 at	05	223-92926
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida De	partment of S	tate:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address	Stra	at Addrage	

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

WOHASU FOUNDATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N19000002396 (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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ά 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: . Florida (Zip Code) (City) 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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) X Change	D	_	GUGGENHEIM, KAREN	2616 GRANADA BLVD
Add				CORAL GABLES, FL 33134
Remove				
2) X Change	D	_	PIETRA, MANUEL S	2616 GRANADA BLVD
Add				CORAL GABLES, FL 33134
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)				
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The	e date of each ame	ndment(s) adoption:	_, if other than the
date	e this document wa	s signed.	
Eff	ective date <u>if appl</u> i	icable:	
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be listed as the
Ado	option of Amendm	nent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) nt for approval.	
	There are no memadopted by the bo	obers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	7/10/2019	
	Signature		_
		(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		Manuel S. Pietra	
		z (Typed or printed name of person signing)	
		Chairman	
		(Title of person signing)	