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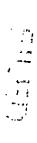


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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: WALK WITH A WISOLES INC.
DOCUMENT NUMBER: N 190000 4614
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CYNTHIA WAITS
(Name of Contact Person)
WALK WITH A WIDOW, INC.
(Firm/ Company)
1220 PORTMOOR LEDAY (Address)
WINTER GARDEN, FL 34787
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CYNTHIA WAITS at (321) 276 9590
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
aclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status  Certificate of Status (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

Articles of Incorporation of

	<b>771</b>	i	
WALK LOITH A L	المالات.	1 MC.	
(Name of Corporation as currently filed with the Florida D	ept. of State)		
N190000046	-111		
	er of Corporation (if kno	own)	
•	•		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i> .	<i>Profit Corporation</i> ad	opts the following
A. If amending name, enter the new name of the corporati			
TOY COMES N THE T	MURNING 1	MIMISTRIES	S CORP-
name must be distinguishable and contain the word "corporat	ion" or "incorporated"	or the abbreviation "	Corp," or "Inc."
"Company" or "Co." may not be used in the name.	1		
B. Enter new principal office address, if applicable:	71	A	
(Principal office address MUST BE A STREET ADDRESS )		·	
			202
C. Pater and address if and better			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	$\mathcal{H}$	1A :	
		*	——————————————————————————————————————
		<del></del>	
). If amending the registered agent and/or registered offic	o address in Florida, o	nter the name of the	
new registered agent and/or the new registered office a		nter the hame of the	. ω
N CM D : 14	· ~ .	ρ	
Name of New Registered Agent:	1.	/ \	<del></del>
	7/	Α	
New Registered Office Address:	(Flori	ida street address)	,
	NA	<b>a.</b>	NIA
	(City)	, Florida (Zip C	ode)
		(234)	/
Registered Agent's Signature, if changing Registered eby accept the appointment as registered agent. I am fan		a abligations of the se	
ену ассері іне аррыштені из гедімегей адені. Тит зап	пшаг жин ина ассері ін	ne obligations by the po	istion,
		1711	
Sis	gnature of New Register	ed Agent, if changing	
		2 , 5 6	

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>	John Doe Mike Jones Sally Smith	H/A	
Type of Action (Check One)	Title	<u>Name</u>	,	Address
Change Add				
Remove				
Change Add				
Remove Change Add Remove		· · · · · · · · · · · · · · · · · · ·		
Change Add		·		
_ Remove				
Change Add				
Remove				<del></del>
`hange .dd				
move				
		nal Articles, enter change sary). (Be specific)	e(s) here:	·

		<del></del>
	· · · · · · · · · · · · · · · · · · ·	
	NA	
f each amendment(s) adoption: cument was signed.  te if applicable:		if other the

fective date on the Department of State's records.

mendment(s) (CHECK ONE)

ment(s) was/were adopted by the members and the number of votes cast for the amendment(s) ifficient for approval.

adopted by the board of directors.
Dated JANUARY 23, 2021 Signature Kinchesley Mascarches
(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)
(Typed or printed name of person signing)
HAIRMAN
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were