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## COVER LETTER

<u>COVER LETTER</u>	
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Francesca Licalcas (Name of Contact Person)	
(Firm/ Company)	
10735 Emerald Char Da	
Colon do FL 2836 (City/ State and Zip Code)	
F-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Transcense at 105-247-7-001 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee  Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

•		
Article	es of Amendment	
	to	
Articles	s of Incorporation	``
	of \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· · · · The
Womas	Loclet	eated Inc.
(Name of Corporation as curren	tly filed with the F	orida Dept, of State)
11900CX	010791	
(Document Numb	er of Corporation (i	known)
Pursuant to the provisions of section 617.1006, Florida Statute imendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i> .	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
Manner ilal	a Facilia	I. Inc.
name must be distinguishable and contain the word "corpora	tion" or "incorpora	1/11/11/11
Company" or "Co." may not be used in the name.	····· ··· memporu	una marcinamia Grap. 1a Mc.
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	`	
i rincipal office address <u>of OST DE A STREET ADDRESS</u>	,	
	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX)		
). If amending the registered agent and/or registered offi		la, enter the name of the
new registered agent and/or the new registered office a	agdress:	
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
		FI
	(City)	, Florida(Zip Code)
	Comin	(EPCouc)
Sew Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fa		ept the obligations of the position.
	Sionature of New Re	vistered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	$\underline{\mathbf{V}}$	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3 ) Change Add Remove	_		
4) Change Add Remove		<u> </u>	
5) Change Add			 
Remove  Change Add Remove			

ttach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
meetive date of applicative.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) i.	
There are no members or memb adopted by the board of directo	ters entitled to vote on the amendment(s). The amendment(s) was/were is.	
Dated	15/19 <u> </u>	
have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	<u>_</u>
Fo	(Typed or printed name of person signing)	
	President (Title of person signing)	