## N20000001397

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## **COVER LETTER**

**TO:** Amendment Section • Division of Corporations

NAME OF CORPORATION:			
N2000001397			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted	for filing.		
Please return all correspondence concerning this matter to t	he following:		
Fidelis W. Oketch			
(Nan	ne of Contact Person	1)	
Worrior Solutions Corp			
(	Firm/ Company)	•	
29829 Boyette Oaks Place			
	(Address)		
Wesley Chapel, FL 33545			
(City	/ State and Zip Code	2)	······································
info@worriorsolutions.com			
E-mail address: (to be used for f	uture annual report i	notification	
For further information concerning this matter, please call:			
Fidelis W. Oketch	352 at	2	247-1439
(Name of Contact Person)		ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Depa	artinent of S	itate:
(A	3.75 Filing Fee & rtified Copy dditional copy is closed)	Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Worrior Solutions Corporation		
(Name of Corporation as currently filed with the Florida I	Dept. of State)	
N20000001397		
(Document Numb	er of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	27
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated	The new 1" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	n/a	
(Principal office address MUST BE A STREET ADDRESS	)	200
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	<u></u>
,		
		. v
D. If amending the registered agent and/or registered offi-	ce address in Florida	enter the name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent: n/a		
New Registered Office Address:	(F	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		the obligations of the position.
	ignature of New Regist	ered 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	PT         John De           V         Mike Je           SV         Sally Sr	nes .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) × Change Add	<u>D</u>	Fidelis Oketch	29829 Boyette Oaks Place Wesley Chapel, FL 33543
Remove			
2) Change Add	V	Landrey Terry	24712 Kansas Circle Aurora, CO 80018
Remove 3) Change Add Remove			
4) Change Add			
Remove			<del> </del>
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee		cles, enter change(s) here: (Be specific)	
<u>n/a</u>	<del> </del>	<del></del>	,
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	September 11, 2020	
The date of each amendment(s) adoption:	:	, if other than the
date this document was signed.	011112020	
The date of each amendment(s) adoption: date this document was signed.  Effective date if applicable:	9/11/2020	
Interior date it applicante.	no more than 90 days after amendment file date)	
***		
Note: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date wil	l not be listed as the
document's effective date on the Departmen	nt of State's records.	
	CHECK (ANE)	
Adoption of Amendment(s) (	(CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Dated	October 15, 2020
Dated	1/CA
Signatur	
	(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 tiduciary)
	Fidelis W. Oketch
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)  Managing Director