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COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Wings	FOR	CHA	NGE	INC
DOCUMENT NUMBER:	120000	0087	55		
The enclosed Articles of Amendme	nt and fee are submitted	for filing.			
Please return all correspondence co	ncerning this matter to th	ne following:			
Katt	ryn A.	IOMET	anl		
	s For Ch				
7404 H	EIDE H	t'ull T	Race	Ī	
Tallahas	isee F	L 3	231	_	
	(City/	State and Zip Co	ide) : A		
wings	For chard	ac afri	ica e	gmail.	, com
For further information concerning		i tur e annuai repor	rt notification)	O	
_	·		_	A /	
Kathy (Name	Jomes	at	850	528 -	1992
J (Name	of Contact Person)	(1	Area Code)	(Daytime Telepho	one Number)
Enclosed is a check for the following	ig amount made payable	to the Florida De	partment of S	tate:	
X \$35 Filing Fee	(Ad	.75 Filing Fee & tified Copy Iditional copy is closed)	Certifie	ate of Status d Copy onal Copy is	
Mailing Address		Stroo	at Address		

Street Addres

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

WIDESFORCHANG	E INC
(Name of Corporation as currently filed with the Florida	Dept. of State)
N2 000000 8755	
N2 000000 8755 (Document Number	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Status amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpora	tion:
Wings Unclippe	d International Inc. The new Ition" or "incorporated" or the abbreviation "Corp." or "Inc."
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ttion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	2124 TEO HINES DAIVE 1 ALLAHASSEE FL 32308
	TALLAHASSEE, FL 32308
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2124 TED HINES DRIVE
	1124 TED HINES DRIVE TAMAHASSEE FL 32308
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent:	
	SCO TO TO THE
New Registered Office Address:	(Florida street address)
	$\vdash_{i}^{\omega} \underline{\omega}$
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	Agent:

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 De Mike Jo Sally Si	ones	
Type of Action (Check One)	<u>Title</u>		<u>N'ame</u>	<u>Addres</u> s
1) Change Add		_		
Remove				
2) Change Add			<u> </u>	
Remove Change Add Remove		_		
4) Change Add		-		
Remove				
5) Change Add		_		
Remove				
6) Change		_		
Add Remove				
_ _ _	g additio	onal Arti essary).	cles, enter change(s) here: (Be specific)	

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he date of each amendment(s) adoption: ate this document was signed.	09.	<u> 18.</u>	202	4		, if other th	an the
Effective date <u>if applicable</u> :							
(no m	ore than 90 d	avs after at	nandmant file	date)			

(CHECK ONE) Adoption of Amendment(s)

document's effective date on the Department of State's records.

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

Ш	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 09.18.2024
	Signature AGTINE
	(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)
	KATHRYN A. GOMER
	(Typed or printed name of person signing)
	President

(Title of person signing)