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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	N:WET PLEA	SURES, INC.		
DOCUMENT NUMBER: _	P01000085383			
The enclosed Articles of Ame	endment and fee are su	bmitted for filing.		
Please return all corresponde	nce concerning this ma	itter to the following:		
		Alberto N. Mo	oris	
		Name of Contact I	Person	
		MORIS & ASSOC	MATES	
		Firm/ Compar	ny	
	Ĵ	8650 NW 82nd AVE	. Suite 40	1
		Address		
		Doral, FL 33	166	
 _		City/ State and Zip	p Code	· · ·
		abermudez@anmpa	a.com	/
E	-mail address: (to be u	sed for future annual r	report not	
For further information conce	eming this matter, pleas	se call:		
Alberto	N. Moris	at (05	559-1600
Name of Cont	act Person	Ar	ea Code &	¿ Daytime Telephone Number
Enclosed is a check for the fo	llowing amount made	payable to the Florida	a Departm	ent of State:
	\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fe Certified Copy (Additional copy enclosed)		l\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Admendment Division of P.O. Box 6	t Section Corporations	A D	Street Ado Amendmer Division of Clifton Bur	nt Section Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WET PLEASURES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P01000085383 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	COO		Roger M. Davis	 888 S EAST COAST AVE.
Add				LANTANA, FL 33462
X Remove				
2) Change		<u> </u>		 - <u>-</u>
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
		_		
Add				
Remove				

If amending or adding additional Arti Attach, additional sheets, if necessary).	(Be specific)
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	if other than th
date this document was signed.		
Effective date if applicable:	·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) is sufficient for approval.	•
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
	(valing group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
	3-18	
Dated	Mahard M Fly	
(By	a director, president or other officer if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	MOHAMMED M FAHMY	•.
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	