P01000085383

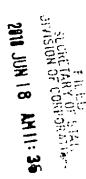
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	WET PLEA	SURES, INC.			
DOCUMENT NUMBER:	P01000085383				
The enclosed Articles of Amend	ment and fee are sul	bmitted for filing.			
Please return all correspondence	concerning this mat	tter to the followir	1g:		
		Alberto N.	Moris		
		Name of Conta	act Persor	1	
		MORIS & ASS	OCIATE	S	
		Firm/ Con	ipany		
	3	650 NW 82nd AV	/E., Suite	401	
		Addres	SS		
		Doral, FL	33166		
		City/ State and	Zip Code	e	
		abermudez@ani	mpa.com		
E-ma	il address: (to be us	ed for future annu	al report	notification)	
For further information concerni	ng this matter, pleas	e call:			
Alberto N.	Moris	at (305	559-160	0
Name of Contact	Person		Area Co	de & Daytime	Telephone Number
Enclosed is a check for the follo	wing amount made p	payable to the Flor	rida Depa	artment of State	::
	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing Certified Cop (Additional ed enclosed)	ý	S52.50 Fil Certificate Certified ((Additionalis enclose	of Status Copy Il Copy
Mailing Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection prporations		Amend Divisio Clifton 2661 E	Address ment Section on of Corporation Building xecutive Center assee, FL 3230	r Circle

Articles of Amendment Articles of Incorporation

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 Statute its Articles of Incorporation:	s, this Florida Profit Corporati	ion adopts the following amendmen
A. If amending name, enter the new name of the corporati	on:	
name must be distinguishable and contain the word "corp." "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc, word "chartered," "professional association," or the abbrevia	" or "Co". A professional co	
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 new registered agent and/or the new registered office a		e name of the
Name of New Registered Agent		
- (Flo	rida street address)	
New Registered Office Address:	(City)	Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		ations of the position.
Signature of	New Registered Agent, if chang	ging

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: <u>X</u> Change	<u>PT</u> Jo	ohn Doe	
\underline{X} Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) Change	P	MOHAMMED M FAHMY	888 S EAST COAST AVE.
Add			LANTANA. FL 33462
X Remove			
2) Change	V	HATEM M SANYELDIN	888 S EAST COAST AVE.
X Add			LANTANA, FL 33462
Remove			
3) X Change	P. T. S	AHMED ELBANA	888 S EAST COAST AVE.
Add			LANTANA, FL 33462
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			.
6) Change			
Add			
Remove			

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
			
			
			. 40
•••			
		· · ·	
f an amendment provides for an excl	nange, reclassification, or	cancellation of issued	shares.
provisions for implementing the ame	ndment if not contained	in the amendment itsel	<u>f:</u>
(if not applicable, indicate N/A)			
,, <u>18 1</u>			
			,

The date of each amendment(s) adoption:	other than th
Effective date if applicable:	
(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 will not be document's effective date on the Department of State's records.	e listed as ti
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
6-11-18 Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
AHMED ELBANA	
(Typed or printed name of person signing)	
Chairman	
(Title of person signing)	