PO1000117450

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MEND

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SECRETARY OF STATE
AND ANASSEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: WHAM INC.		
DOCUMENT NUMBI	P01000117450		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	Theodore Fotsis		
		Name of Contact Person	
\	VHAM INC.		
_		Firm/ Company	
9	82 E. 9th Street		
_		Address	
I	ockport, IL.60441		
_		City/ State and Zip Code	/
info@v	whaminc.us		\checkmark
	E-mail address: (to be us	sed for future annual report n	otification)
For further information Theodore Fotsis	concerning this matter, pleas		. 837-3880
		at (
Name of Contact Person Area Code & Daytime Telephone Num		e & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depar	tment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations 30x 6327 nassee, FL 32314	Division Clifton I 2661 Ex	address nent Section of Corporations Building secutive Center Circle see, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corpora	ation as currently	filed with the Florida Dep	t. of State)			
P01000117450						
(Doc	cument Number of C	Corporation (if known)				
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Fl</i>	lorida Profit Corporation a	dopts the follo	wing ame	ndme	nt(s)
A. If amending name, enter the new name of the	corporation:					
				The	new	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Ce	o". A professional corpor				
				至常	5	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.			.,	<u> </u>	Z	
(Francipal office address MOST BE A STREET AL	DDKESS)			29.17 मा जा	2	丁
				8	=	!
		 				il
C. Enterness mailing address if applicables				$=$ ω	E	ب
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	ROX)			$\mathcal{G}_{\mathcal{G}}^{-1}$	က္	
(maining man cas man part to st of the late	<u> </u>			27	Ŋ	
				1> -		
D. If amending the registered agent and/or regis	stered office addres	ss in Florida, enter the na	me of the			
new registered agent and/or the new registered		so in Florida, enter the na	ine or the			
Name of New Registered Agent						
	(Florida stree	t address)				
		,				
New Registered Office Address:			_, Florida			
	(C	City)	G.	Zip Code)		
New Registered Agent's Signature, if changing R						
I hereby accept the appointment as registered agent	t. I am familiar wii	th and accept the obligation	ns of the positio	on.		
	ionatura of Nau Pac	sistanad Assaut if absuraing				

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Mario Santiago	982 E. 9th Street
Add			Lockport, IL. 60441
X Remove			
2) X Change	CEO/D	Theodore Fotsis	982 E. 9th Street
Add			Lockport, IL. 60441
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)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) a date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	•
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were at by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were as action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder
11/07/20 Dated	16
Signature <	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Theodore Fotsis
	(Typed or printed name of person signing)
	Chairman/CEO/Director
	(Title of person signing)