## P0200017869

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## COVER LETTER

Division of Corporations
NAME OF CORPORATION: WIROSA GROUP INC
DOCUMENT NUMBER: P02000 17 869
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Winston Reip
Name of Contact Person  WGITELECOM
Firm/Company  1786 North Communic PALLWAY  Address  Address  Address
City/ State and Zip Code  WREID & UGITELE Com. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Winston Rep al 954, 217-7000
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## **Articles of Amendment** FILED Articles of Incorporation 2014 MAY -7 PM 3: 23 (Name of Corporation as currently filed with the Florida Dept. of State) 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 MUST BE A STREET ADDRESS) 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

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(Florida street address)

(City)

, Florida

(Zip Code)

## 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo		
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	-	_		
Add				
Remove				
2) Change				
Add	•			7
Remove				-
3) Change				
Add		_		
Remove				
4) Change				
Add		_		-
Remove				
5) Change		_		****
Add				
Remove				
6) Change	<u></u>	_		
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ach additional sheets, if necessary).	ticles, enter change(s) h (Be specific)			
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n amendment provides for an exc	hange, reclassification	or cancellation o	ficened charec	
ovisions for implementing the ame	endment if not containe	d in the amendm	ent itself:	
(if not applicable, indicate N/A)				
			***************************************	

The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted to by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	
Dated 5/S	12014	
Signature	A Jan	
(By a director	r, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court	
appointed tid	luciary by that fiduciary)	
	Winston Kein	
	(Typed or printed name of person signing)	<del></del>
	(Typed or printed name of person signing)  Resident	
	(Title of person signing)	