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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _________ WHEEL UNIK AUTOMOTIVE & ACCESSORIES, INC

DOCUMENT NUMBER: P02000021139

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICHOLE CROSS

Name of Contact Person

INTELESPACE INC

Firm/ Company

9300 CONROY WINDERMERE RD UNIT 3089

Address

WINDERMERE, FL 34786

City/ State and Zip Code

INFO@INTELESPACE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 NICHOLE CROSS
 at (407)
 3672878

 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

□\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

WHEEL UNIK AUTOMOTIVE & ACCESSORIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000021139

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(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:

The new 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. <u>Enter new principal office address, if applicable:</u> (Principal office address MUST BE A STREET ADDRESS)

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C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		20 E
	•	<u> </u>
		·

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:

	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code,

Signature of New Registered Agent, if changing

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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:

John Doe

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld. 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

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<u>X</u> Remove	Ϋ́	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	NICHOLE CROSS	9300 CONROY WINDERMERE
X Add			UNIT 3089
Remove			WINDERMERE, FL 34786
2) Change			
Add			<u> </u>
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change	. <u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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The date of each amendment(s) adoption:	, if other	than the
date this document was signed.		

Effective date	e <u>if applicable</u> : _	
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(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 listed as the document's effective date on the Department of State's records.

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 cntitled to vote separately on the amendment(s):

"The number of votes cast 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.

Dated____7.18.19 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)

(Typed or printed name of person signing)

PRESIDENT