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SECRETARY OF SWITT



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Wisdom Through Wonder, Ind. DOCUMENT NUMBER: P03 0000 76606 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact 1 cm.

Linda Emerson, Twd.

Firm/ Company

3412 Cove Road

Address Name of Contact Person He garden@mindspring.com
Email address: (to be used for future annual report notification) For further information concerning this matter, please call: Lincla Emerson at (561) 741-1214

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 & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

P03000076606

, '	Articles of Amendment to Articles of Incorporation	ı	13 FEB-7 PM ALLAHASSEE FL	<i>;</i> ~
4	of		13 FFD - L	50
Wisdom Through We				t ten
(Name of Corporation as curren	tly filed with the Florida Dep	t. of State)	ALLAHARRY	'₹: ₃₈
P030000 76606				147
(Document Numb	er of Corporation (if known)		The second secon	arijen
ursuant to the provisions of section 607.1006, Fi s Articles of Incorporation:	orida Statutes, this <i>Florida Pro</i>	ofit Corporation adopt		
. If amending name, enter the new name of t	he corporation:			
Linda Emerson, I	Ind.		The second	
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "cord "chartered," "professional association," of	word "corporation," "compo Corp," "Inc," or "Co". A pr			
B. Enter new principal office address, if applie Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			
If amending the registered agent and/or registered agent and/or the new registered.		ida, enter the name o	of the	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing hereby accept the appointment as registered ago		cept the obligations of	f the position.	
Signatura	of New Registered Agent if che	anaina		

The date of each amendment(s) adoption:				
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 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 cast for the amendment(s) was/were sufficient for approval				
by" (voting group)				
(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.				
Signature (By a director, president or other officer – if directors or officers have not been				
Signature Mathemerin				
(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)				
Linda J. Emerson				
(Typed or printed name of person signing)				
President				
(Title of person signing)				