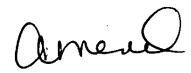
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COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: GOTHAM CITY WORKS, INC.				
DOCUMENT NUMBER: P03000081901				
The enclosed Articles of Amendment and fee ar	e submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
HUGO EDUAR	RDO SIMON WOLOSCHIN			
	Name of Contact Person			
GOTHAM CITY	WORKS, INC. d/b/a WAFFLEWORKS			
	Firm/ Company			
3265 HOLLYW	3265 HOLLYWOOD BLVD.			
Address				
HOLLYWOOD	, FL 33021			
	City/ State and Zip Code			
HWOOSCHING Suis SMEDICAL COM. OF E-mail address: (to be used for future annual report notification) BATMOBILE & Bell South net For further information concerning this matter, please call:				
HUGO WOLOSCHIN	at (954) 817 - 2196			
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				
Mailing Address 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

Articles of Amendment to Articles of Incorporation of

FILED.

GOTHAM CITY WORKS, INC.	PEC 29 PH 14: 19
(Name of Corporation as currently filed with the Flor P03000081901	rida Dept. of State).
P03000081901	SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE
(Document Number of Corporation (if ke	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.,	o". A professional corporation name must contain the
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 new registered agent and/or the new registered office address: Name of New Registered Agent 3265 HOLLYWO	IMON WOLOSCHIN
(Florida street	
New Registered Office Address: HOLLYWOOD, F	, i lorida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Agent.	

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 <math>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> Johr	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sail</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	SERGIO GOLDVARG	3752 W COQUINA WAY
Add			WESTON, FL 33332
Remove			
2) Change	P,T,S	HUGO E. S. WOLOSCHIN	C/O WAFFLEWORKS
Add			3265 HOLLYWOOD BLVD
Remove			HOLLYWOOD, FL 33021
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
			
Remove			

	tach additional sh	heets, if necessary).	ticles, enter change(s) here: (Be specific)	
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IF a		novidos Con on onch	hamma makasiffasikin an anna Nation of the all l	
<u>nr</u>	ovisions for imp	olementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
	(if not applical	ble, indicate N/A)		

The date of each amendment(s) adopt date this document was signed.	lion:	, if other than th
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 was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement th 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)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
Dated 10/10	6/2014	
Signature	71EW	
(By a direct selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Н	UGO EDUARDO SIMON WOLOSCHIN	
	(Typed or printed name of person signing)	
PI	RESIDENT	
	(Title of person signing)	