Fax: (866) 767-7835



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H170002996313)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : 120130000079

Phone : (305)804-1047 Fax Number : (866)767-7835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN HAPPY WINE, INC.

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Help

From: Hector Rodriguez Fax: (866) 767-7835

To: Sunbia Corp & Inc Fav: (850, 617-6380

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Articles of Amendment Articles of Incorporation

(((4170002996313)))

HAPPY WINE, INC.		
(Name of Corpor	ration as currently filed with the Florida Dept. of State)	10
P04000100045		
(Dox	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the follow	ing amendo
A. If amending name, enter the new name of the	: corporation:	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	word "corporation," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation name must the abbreviation "P A."	The ne abbreviatio t contain th
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.	ble: DDRESS)	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	3 <i>0X</i>)	
If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the	
Name of New Registered Agent		_
	(Florida street address)	~
New Registered Office Address:	,	
	(City) Florida_	Code)
ew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.	
Sign	nature of New Registered Agent, if changing	-

(((H17000299(6313)))

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 = Chairmon 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>	John Doe						
X Remove	<u>y</u>	Mike Jones						
<u>X</u> Add	SV	Sally Smi	ith					
Type of Action (Check One)	Title	.1	Name_	<u>Addres</u> s				
1) Change	S,D		ANGELA J BORY	5792 SW 8 STREET				
Add				WEST MIAMI, FL 33144				
X Remove								
2) Change	Р	· · · .	ANGELA J BORY	5792 SW 8 STREET				
X Add		٠.		WEST MIAMI, FL 33144				
Remove			·					
3) Change	P,D		TUAN C RESTREPO	5792 SW 8 STREET				
Add	•			WEST MIAMI, FL 33144				
X Remove								
4)Change								
Add	٠,							
Remove								
5) Change		- -						
Add								
Remove								
6) Change		–						
Add		·						
Remove								

From: Hector Rodriguez Fax: (866) 767-7835 To: Cunbiz Corp & Inc Fax: (850) 617-6380 Page 4 of 5 11/13/2017 5.48 PM

If the state of th	(CCH 17000 2996313)
If amending or adding additional Articles, enter change(s) he (Attach additional sheets, if necessary). (Be specific)	<u>re</u> :
(Attach additional sheets, if necessary). (Be specific)	
	
_	
If an amendment provides for an exchange, reclassification, or	annallustin ast
provisions for implementing the amendment if not contained i	a the amendment itself:
(if not applicable, indicate N/A)	

From: Hector Rodrigue:	Fax: (866) 767-7835	To: Cunbiz Cosp & Inc	Fax: (850) 617-6380	Page 5 of 5 11/13/201	7 5.48 Ph.)
			CCCH	(700029963	(3)]]
The date date this	of each amendment(s) document was signed.	adoption:	~		
Effective	date <u>if applicable</u> :				
		(no more than	90 days after amendme	nt file date)	
Note: If document	the date inserted in this t's effective date on the	s block does not meet the appl Department of State's records.	icable statutory filing re	equirements, this date will	l not be listed as the
Adoption	of Amendment(s)	(CHECK ONE)			
The are by the	mendment(s) was/were a sharcholders was/were	dopted by the shareholders. Th sufficient for approval.	e number of votes east	for the amendment(s)	
☐ The au must t	nendment(s) was/were a be separately provided for	pproved by the shareholders thr or each voting group entitled to	ough voting groups. The vote separately on the	ne following statement amendment(s):	
	The number of votes ca	st for the amendment(s) was/we	re sufficient for approve	al	
t	ру	(voting group)		**	
		(voting group)		_•	
☐ The an action	nendment(s) was/were acwas not required.	dopted by the board of directors	without shareholder ac	tion and shareholder	
☐ The an action	nendment(s) was/were as was not required.	dopted by the incorporators with	nout shareholder action	and shareholder	
	11-13-20 Dated	17			
		director, president or other officed			
	301001	director, president or other officed, by an incorporator – if in the nted fiduciary by that fiduciary)	e bands of a receiver tri	eers have not been ustee, or other court	_
		ANGELA J BORY			
		(Typed or printed t	name of person signing)		
		PRESIDENT			
		(Title o	of person signing)		