## P04000150040

. (Re	equestor's Name)	
·		
(Ad	Idress)	
•	·	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
		•
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Timing CitieCit.	!





400263471914

09/22/14--01017--020 \*\*35.00





## COVER LETTER

TO: Amendment Section Division of Corporations	TALL SECTION
NAME OF CORPORATION: E. WILSON CORP.	37
DOCUMENT NUMBER: P04000150040	Ti.
The enclosed Articles of Amendment and fee are submitted for filing.	FLORIDA
Please return all correspondence concerning this matter to the following:	7
WILHELM GRUNEWALD	
Name of Contact Person	
E. WILSON CORP.	
Firm/ Company	
15757 PINES BLVD #298	
Address	_
PEMBROKE PINES FL 33027	
City/ State and Zip Code	_
EVALUE CONDEDVIATA LA COMA LA COMA	
EWILSONDRYWALL@GMAIL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
WILHELM GRUNEWALD	
Name of Contact Person Area Code & Daytime Telephone Num	iber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)	
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

## E. WILSON CORP.

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

P04000150040

(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

me must be distinguishable and contain the 'orp.," "Inc.," or Co.," or the designation "C rd "chartered," "professional association," or	Corp," "Inc," or "Co". A pro	ny," or "incorpor fessional corporat	ated" or the a ion name must
Enter new principal office address, if applic incipal office address <u>MUST BE A STREET</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )		
If amending the registered agent and/or reg new registered agent and/or the new registe		la, enter the name	e of the
Name of New Registered Agent	red office address.		
	(Florida street address)		
	(1 torad street maress)		
New Registered Office 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:			0 33
X Change	<u>PT</u>	John Doe	SEP UNITED TO SEP
X Remove	$\underline{\mathbf{v}}$	Mike Jones	22 ASSE
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address Filmsing 38
1) Change	S	DIEGO MUNOZ	5750 NW 186th St Apt 205
Add			Hialeah, FL 33015
Remove			
2) Change	Т	JAIME MUNOZ	5750 NW 186th St Apt 205
Add			Hialeah, FL 33015
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be specific)	SEP (
	一流 2
	TA STATE
	71/1/2
	4
	<del></del>
	_
	·
an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

	, if other	than th
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 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):	14 9	
by	SEP 2	Ç.
(voting group)	22	ranna a U
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	PH 3:38	
action was not required.  Dated 9/18/2014		
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)		
. Wilhelm Gruneald		
(Typed or printed name of person signing)		
President		
(Title of person signing)		