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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: $\underline{\hspace{1cm}}$	Shoes Company
DOCUMENT NUMBER: POGOOO	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Ana Name o	f Contact Person
The WS	hols Company
Le157NW	167 St #F/2 Address
Hi alea	h # / 330/5 ate and Zip Code
·	Qa∂(· (ων turn annual report notification)
For further information concerning this matter, pleas	e call·
	at (305) 828-0442 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
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



The WSh	nes (sompany			
(Name of Corporation as currently filed with the Florida Dept. of State)				
P0600	000 39389			
(Document N	umber of Corporation (if known)			
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		Profit Corporation adopts the following		
A. If amending name, enter the new name	of the corporation:			
		The new		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	he designation "Corp," "Inc," or	"Co". A professional corporation		
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRE</u>				
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)				
D. If amending the registered agent and/or new registered agent and/or the new re		ida, enter the name of the		
Name of New Registered Agent:	Alma wellman	1		
New Registered Office Address:	(Florida street address	 ਮ		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if change if hereby accept the appointment as registered		ept the obligations of the position.		
×	Murbell			
	Signature of New Registered Agen	t, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being gemoved and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	Regnald L Wellman Alma Wellman	6157 NW1675+ #F12 Higherty F1 33015	☐ Add ☐ Remove
-ρ	Alma wellman	6157NW1678+ #F12 Higheab, F1 33015	Add Remove
			Add ☐ Remove
	nding or adding additional Articles, ente additional sheets, if necessary). (Be spec		
provis	mendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A)		

The date of each amendment(s) adoption: 7 31/09	
(date of adoption is required) 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 by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ieni
"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 sharehold action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
X Dated 7/31/09	
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)	
(R) ped or printed name of person signing)	
President (Title of person signing)	