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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: WHO LESHEBANG, Inc.	
DOCUMENT NUMBER: POLOUOD44436	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person	
District Group Firm/ Company	
6596 Bisheff Rd	
Address	
West Pala Beach, FL 33413 City/ State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification) District G. 2	(سو
For further information concerning this matter, please call:	•
Name of Contact Person at (561) 631-6>>56 Area Code & Daytime Telephone Number	
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 Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

WHOLESHEBAN)6, Inc	
(Name of Corporation as current		Dept. of State)
P D B D D D O Y		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation,"		The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". " "chartered," "professional association," or the abbreviation "P.A.	A professional corporation	ted" or the abbreviation "Corp.," on name must contain the word
B. Enter new principal office address, if applicable:	NA	ي
(Principal office address MUST BE A STREET ADDRESS)		
		
C. Enter new mailing address, if applicable:	r	• :
(Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered office add		name of the
new registered agent and/or the new registered office address	<u>s:</u>	
Name of New Registered Agent N A		
(Florida st	reet address)	
New Registered Office Address:		. Florida
rew negotieres office reserves.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obliga	utions of the position.
Thereby accept the appointment as registered agent. I am jumina	will all accept the cong.	
Signature of New I	Registered Agent, if change	ing
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.	

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)

Example:

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.

X Change	<u>PT</u> John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	NA		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

each additional sheets, if necessary). (Be specific)	
NIA	
	·
in amendment provides for an exchange, reclassification, or cancellation of issued shares	<u>5,</u>
ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	c.~
N/A	
	-1
	•
	

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The date of each amendment(s) addate this document was signed.	option:	, if other than
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
DatedID	.1.24	
Signature	m & Gine	
(By a di selected	rector, president or other office if directors or officers have r , by an incorporator – if in the hands of a receiver, trustee, or o ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	1741-1
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