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COVER LETTER

Division of Corporations NAME OF CORPORATION: GROUP W-A INC DOCUMENT NUMBER: \$0600050308 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TAMMY WACHTER
Name of Contact Person Firm/ Company 781 BRITTANY PARK BLUD TARPON SPRINGS FL 34689

City/State and Zip Code TAMMY WACHTER @GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TAMMY WACHTER at (727) 937 - 1569 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

GROUP W-	AINC			
(Name of Corporation a		with the Florida De	pt. of State)	_
POG	0000050	30B		
(Document	Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this <i>Florida</i>	ı Profit Corporation	adopts the following amendment(s) 10
A. If amending name, enter the new name of the corpo	oration:			
N/A			The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	"Inc." or "Co". A previation "P.A."	ompany," or "incor _l A professional corpo	porated" or the abbreviation ration name must contain the	
			٣.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		i 1
				,å
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		Florida, enter the na	ame of the	
Name of New Registered Agent	N/A		<u></u>	
	(Florida street addi	ress)		
New Registered Office Address:			Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered agent. I ar	m familiar with an	d accept the obligation	ons of the position.	
	NIA			
		ed Agent, if changing		
Signatui	re oj ivew Kegister	ев муст, у спануту	;	

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: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally Sr	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	N/A	Address
1) Change					
Add					
Remove					
2) Change					 -
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					· · · · · · · · · · · · · · · · · · ·
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
SHARES OF GROUP W-A INC ARE REDISTRIBUTED
THE FINAL STOCK REGISTER/LEDGER IS:
JOHN WACHTER 510
TAMMY WACHTER 40
JOANNE WAZOCHA 250
JOHN WAZOCHA 200
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A) N A
10/1

The date of each amendment(s) adoption:	JANUARY 1, 2018	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, f State's records.	this date will not be listed as the
Adoption of Amendment(s) (CI	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amen approval.	dment(s)
	ne shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by	oting group)	
(ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and sha	archotder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	older
Dated 1/1/201	8	
Dated 1/1/201 Signature	1 a wacon	
	sident or other officer – if directors or officers have no	
•	orporator – if in the hands of a receiver, trustee, or othy by that fiduciary)	ner court
	TAMMY WACHTEK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	