## POROCO 9574

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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	AATION: PROTOKOLO, Inc.	c		
DOCUMENT NUME	P08000000574			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Maria Ximena Wilson			
•		Name of Contact Person	n	
	Wilson Enterprise Associates	s Corp		
		Firm/ Company		
	243 E Forest Oak Circle			
•		Address		
	Davie, FL 33325	•		
		City/ State and Zip Cod	e	
maxiv	vi@hotmail.com			
	3	sed for future annual report	notification)	
	,	ı	,	
For further information	concerning this matter, pleas	se call:		
Maria Ximena Wilson		786	2080055	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address		Address	
	ndment Section	Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
	thassee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

PROTOKOLO, INC

Articles of Amendment to
Articles of Incorporation of

Of TAI MARKET TO SELLIF TO SELL

P08000009574			
	(Document Number	of Corporation (if know	n)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional	incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		243 E Forest Oak C	Circle
		Davie, FL 33325	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		243 E Forest Oak Circle	
		Davie, FL 33325	
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter t	the name of the
Name of New Registered Agent	Wilson Enterprise Assoc	ciates Corp	
The system registered rigent	243 E Forest Oak Circle		
	(Florida :	street address)	
New Registered Office Address:	Davie	<u></u>	, Florida
		(Ciţv)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.			igations of the position.
	inere w	115	
	Signature of New	Registered Agent, if cha	nging

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Carlos Serna	3814 San Simeon Cirle
Add X Remove			Weston, FL 33331
2) Change	P	Wilson Enterprise Associates Corp	243 E Forest Oak Circle
XAdd			Davie, FL 33325
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
- La la	
F. If an amendment provides for an exchi- provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the angle of t
(if not applicable, indicate N/A)	namene is not contained in the amendancia reserv-
N/A	
• **•	

	June 1, 2016	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	21, 2016	
Effective date in applicable.	(no more than 90 days after amendment file	e date)
	, , , , , , , , , , , , , , , , , , , ,	
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for that ifficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
<u> </u>	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and s	shareholder
June 1, 201 Dated	16	
<u> </u>	~	
selecte	lirector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, trusted ted fiduciary by that fiduciary)	
	Maria Ximena Wilson	
	(Typed or printed name of person signing)	
	President	· <b>~</b>

(Title of person signing)