## P09000006355

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SECRETARY OF STATE OF

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: POINT OF SOLE HEAD WALTERS INC. DOCUMENT NUMBER: <u>8090000 6355</u> 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 POINT OF SOME HEADQUARTERS INC. 14048 SW 132 AVE MIAMI E 33186

City/ State and Zip Code TLYA E POS HEAD QUALTERS. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (305) 772 - 6247

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$**43.75 Filing Fee & ☐ \$35 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 Street Address Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

to

## Articles of Incorporation of

FILED

POINT OF SAL	LE HEADQ	JARTENEDANTED DE	- - •
		with the Florida Dept. of State	EK: 38
P 09.	000006	355 TATEMIX OF	STATE
	ocument Number of Corp		FL
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florid</i>	da Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of th	ie corporation:		
n 1/1	2		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	Inc," or "Co". A proj	my, " or "incorporated" or the ab lessional corporation name mus	breviation "Corp.,"
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET)		N/A_	
(Frincipal agrice dadress 5003FBLASTRELLE)	<u>трикезэ</u> ) — — —		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	H/A	
D. If amending the registered agent and/or reg new registered agent and/or the new register		n Florida, enter the name of the	
Name of New Registered Agent	N/A		
	(Florida street ad	deservat	
	(r tortaa street aa	aress)	
New Registered Office Address:	(Civ)	, Florida	
	, cin,		may Charles
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		nd accept the obligations of the p	position.
	Signature of New Registe	red Agent if changing	
	ignature of them negiste	rea agem, y enanging	
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)

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 Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith	NA		
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	• •	<u>Addres</u> s	
I) Change				 	
Add					<u>.</u> .
Remove					
2) Change				 	.,
Add					
Remove 3 ) Change				 	
Add				<del></del>	
Remove					
4) Change				 	
Add					
Remove					_
5) Change				 	
Add					
Remove					
6) Change				 	
Add					
Remove					

(Attach additio	r adding additional Art nal sheets, if necessary).	(Be specific)	<del></del>		
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If an amenda	ent provides for an exc or implementing the am	hange, reclassifica	tion, or cancellation	of issued shares,	
(if not ap	plicable, indicate N/A)				
NUMB	GR OF SH	ARES CH	ANGE!		
711	A KOHAN	100 7		-	
114	H KUM	100/8			
5760	MY KOHAN	0/。			
		<u> </u>			
····-					

The date of each amendment(s) ado	ption:	1/23/	2021		, if other than the
late this document was signed.		1			
Effective date <u>if applicable</u> :	(no m	23/2 ore than 90 da	02   vs after amendm	ent file date)	
Note: If the date inserted in this blocking the Department's effective date on the Department.			statutory filing	requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK (	ONE)			
☐ The amendment(s) was/were adopt action was not required.	ed by the incorpo	orators, or boar	d of directors wit	hout shareholder ac	tion and shareholder
The amendment(s) was/were adopt by the shareholders was/were suff			nber of votes ca	st for the amendmen	nt(s)
☐ The amendment(s) was/were appro must be separately provided for ea					ment
"The number of votes east fo	r the amendment	(s) was/were su	ifficient for appr	oval	
by	(voting gro				
	(voting gro	ир)			
Dated <u>l</u>	123/20	21	_		
Signature C	-				
(By a dire selected.	•	or – if in the ha		fficers have not been trustee, or other co	
_		tika p	COATAN		
	(Typed	or printed nam	e of person signi	ng)	
	P n	Person signing	<u>N</u>		
	(Title o	i person signin	<u>ā)</u>		