## P1000000 7931

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: WE	icome 485	ist cop.
DOCUMENT NUMBE	R:	P1000000	7931
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
_	Ron	ee Adust	<u></u>
	Ce	Name of Contact Person	on L P.A
_	Si	Firm/Company 18 Brickell 1	Are Ste 900
_	M	Address  YM FZ  City/ State and Zip Co	33131
_	E-mail address: (to be us	•	eadwarps. com
For further information c	concerning this matter, pleas	se call:	
Cense	Adurac Contact Person	at (	ode & Daytime Telephone Number
			•
inclosed is a check for t	he following amount made	payable to the Fiorida De	partment 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)
Ameno Divisio	ng Address  Iment Section  on of Corporations  ox 6327	Amer Divis	t Address adment Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

## Articles of Incorporation

Welcome	ASSIST, CORP.	
(Name of Corporation as current	tly filed with the Florida Dept. of	State)
<u> </u>	931	
(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 adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:	ı	
	NIA	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 name	ne abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office add		<u> </u>
new registered agent and/or the new registered office addres	<u>8:</u>	
Name of New Registered Agent	NA	
(Florida st	treet address)	
New Registered Office Address:	, Fle	rida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of i	the position.
	MA	
	<u> </u>	<u>.                                    </u>

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	Ricardo Casco	11900Bs: gre Blod
Add			Sutc 6.04
X Remove	P.S.	Francia Maias	Man 72 33M
2) Change  Add	<del>1</del> , 3	IYAY LA II WAZA	11900 Bisiagne Burd. - Sinte 604
Remove 3) Change			Miani FL 33M
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change	<del> </del>		
Add			
Remove			
6) Change			
Add			
Remove			

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		10117	
_			
n amendment provides for an exchan	ge, reclassification, or o	cancellation of issued shar	es,
ovisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in	the amendment itself:	
		1	
		MA	
		<del></del>	
		-	

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
<del></del> -	(no more than 90 days after amendment file date	e)
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were acaction was not required.	dopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the ar sufficient for approval.	mendment(s)
	oproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendme	
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	9/22/2020	
Signature	Grancia, Milas	
(By a select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	<del></del>
	(Title of person signing)	