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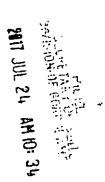
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Mr 54 5011

COVER LETTER

COVER LETTER
COVER DETTER
TO: Amendment Section Division of Corporations
COVERLETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: WINGING IT WITH WING SINGERS, INC.
DOCUMENT NUMBER: 100000 43 68 8
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RUB KLUBA
Name of Contact Person
WINGING IT WITH WING SLINGERS, INC Firm/ Company
Firm/ Company
2793 STATE ROAD 13
Address
SAINT JOHNS FL 32259
City/ State and Zip Code
robkluba agmail.com
E-mail address: (to be used for future annual report notification)
· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:
0 · V · · ·
ROB KLUBA at (904) 545-7053
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 \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & \Bigcup \$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 P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, Fl. 32301

Articles of Amendment

to

Articles of Incorporation of

Min	الماريخ المان	th Wing Slingers.	INC.
(Name of		filed with the Florida Dept. of State)	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this F	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name	ne of the corporation:		
	<u> </u>		_The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "C	," "company," or "incorporated" or the a Co". A professional corporation name must 'A."	bbreviation contain the
B. Enter new principal office address, if (Principal office address MUST BE A ST	applicable: REET ADDRESS)		
			
C. Enter new mailing address, if applic			
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX		
	t/istand office addw	are in Florida, anter the name of the	五色
D. If amending the registered agent and new registered agent and/or the new	registered office address:	ess in Florida, enter the name of the	ယ္
Name of New Registered Agent			.
•	(Florida stre	eet address)	_
New Registered Office Address:		, Florida	
New Registered Office Hadress	((City) (Zip	Codej
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar w	with and accept the obligations of the position.	
, , ,			
	Signature of New R.	egistered Agent, if changing	
	organitie of new M	chairman nacin, y changing	

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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Vρ	MIKE MATAKAETIS	4257 S.E. FRAZIER CT
Add			STUART FL 34997
Remove			
2) Change	JP	MICHAEL BRAVO	1405 FRYSTON ST
Add			SAINT JOHN FL 32259
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)	
	·	
	ange, reclassification, or cancella	tion of issued shares,
<u>an amendment provides for an excl</u>		nendment itself:
rovisions for implementing the ame	ndment if not contained in the an	
an amendment provides for an excharge an excharge and the same (if not applicable, indicate N/A)	ndment if not contained in the an	
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The date of each amendment(s) adoption:	JULY	19	2017	, if other than th
date this document was signed.	_			
Effective date if applicable:	TULY			file date)
(n	o more than 90	days afi	er amendment	file date)
Note: If the date inserted in this block does not n document's effective date on the Department of State		ble stati	atory filing rec	quirements, this date will not be listed as th
Adoption of Amendment(s) (CHEC	K ONE)			
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr	eholders. The roval.	number	of votes cast fo	or the amendment(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro				
"The number of votes cast for the amendment	ent(s) was/were	sufficie	nt for approva	
by(voting				
(voting	group)			
☐ The amendment(s) was/were adopted by the boar action was not required.	rd of directors w	vithout s	hareholder act	ion and shareholder
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators witho	ut share	holder action a	and shareholder
Dated	19 201-	7		
Signature				
(By a director, presiden	or other office	r – if di	rectors or offic	ers have not been
selected, by an incorpo	rator – if in the l			
appointed fiduciary by	that fiduciary)			
Ro	BERT	Kuue	3 <i>H</i>	
(Тут	ed or printed na	me of p	erson signing)	
<i>p</i>	RESIDENT	<u>/ </u>	IRECTOS	ζ
	(Title of	person	signing)	