## P10 0000 45453

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	)
(Dx	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

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**TO:** Amendment Section Division of Corporations

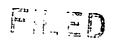
Tallahassee, FL 32314

NAME OF CORPORATION:	ra Weather Corp.			
DOCUMENT NUMBER: PIOCOC	<del>0</del> 045453			
The enclosed Articles of Amendment and fee ar	e submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
	Name of Contact Person			
_ UHG_	Weather Corp Firm/Company			
11/150	SW 43 St Address			
<u> Hiani</u>	FL 33185 City/ State and Zip Code			
E-mail address: (to b	eather@aol.com  be used for future annual report notification)			
For further information concerning this matter, p	olease call:			
Lararo K. Albert Name of Contact Person	at ( 794 ) 229 - 4364  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 Certificate of State	<del>-</del>			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address  Amendment Section  Division of Corporations  Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

to
Articles of Incorporation



2019 APR -8 PM 1:21

(Docume	nt Number of Corporation (if kr	nown)
Pursuant to the provisions of section 607,1006. Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "Co". A profession	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	RESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		obligations of the position.

Signature of New Registered Agent, if 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Javier R. Sanchez	2 4319 SW 165th C
X Add			MIGHT, FL 33185
Remove			
2) Change			
Add			
Remove			
3) Change		•	
Add			
Remove			<del></del>
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
	<del>_</del>	
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f an amendment provides for an eych	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
<del></del>	<del>-</del>	
<del></del>		

The date of each amendment(s) adoption: \_\_\_\_\_\_\_, if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement* must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signature (By a director-president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)