P10000046423

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WE BROTHERS I	ENTERPRISE INC		
DOCUMENT NUM	P10000046423			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	WANDA JOSEPH			
		Name of Contact Person	1	
	Firm/ Company			
	8480 MAN O WAR RD			
	Address			
	PALM BEACH GARDENS, FL 33418			
		City/ State and Zip Code	C	
	WJALL4BIZ@HOTMAIL.C	COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
WANDA JOSEPH		at (6338169	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 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)	
Am Div P.C	iling Address sendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

	of	
WE BROTHERS ENTERPRISE INC		FILED
(Name of Corpor	ation as currently filed with the Florida	Dept. of State)
P10000046423		2024 OCT - 1 PM 11: 00
(Dec Pursuant to the provisions of section 607.1006, Flor	cument Number of Corporation (if known)	TALLAHASSEF, FL.
its Articles of Incorporation:		to a supposition tento ming amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abo	ac," or "Co". A professional corporat	
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	<u>DDKESS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
D. If amending the registered agent and/or registered agent and/or the new registered		e name of the
The state of the s	ed office address.	
Name of New Registered Agent	- Face of the second	
	(Florida street address)	
New Registered Office Address:		, Florida
	(Ciṇ)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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> <u>Joh</u>	n Doc			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
X Add	<u>SV</u> <u>Sall</u>	y Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) X Change	P	WENDOL JOSEPH	8480 MAN O WAR RD		
Add			PALM BCH GDNS , FL 33418		
Remove					
2) Change	<u>v</u>	WENDOL JOSEPH	8480 MAN O WAR RD		
Add			PALM BCH GDNS, FL 33418		
X Remove	P	WANDA JOSEPH	8480 MAN O WAR RD		
Add			PALM BCH GDNS, FL 33418		
X Remove					
4) X Change	VDST	WANDA JOSEPH	8480 MAN O WAR RD		
Add			PALM BCH GDNS, FL 33418		
Remove					
5) Change					
Add					
Remove					
രി Change					
Add					
Remove					

	ding additional Art sheets, if necessary).	(Be specific)			
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<u> </u>	······································				
an amendment	provides for an excl	hange, reclassific	ation, or cancellat	ion of issued sha	res.
<u>provisions for im</u>	plementing the ame	endment if not co	ntained in the am	endment itself:	
(у погарриса	thle, indicate N/A)				
 					
	·			<u>_</u>	-

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