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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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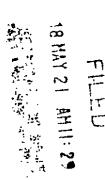
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations			
NAME OF CORPORATION DOCUMENT NUMBER: _	· Vet De P1200	Leams Upter 2000 1366	Z Transferred I make
The enclosed Articles of Ame	ndment and fee are su	abmitted for filing.	
Please return all corresponden	ce concerning this ma	atter to the following:	
	Philips 2 Decou	Name of Contact Person MS UNCL Firm/ Company Address City/ State and Zip Code sed for future annual report	RASTECE TURSES Suite E 33916 6 GMAIL COM:
For further information concert	DC1500	at (<u>Z39</u> Area Co	de & Daytime Telephone Number artment of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment			Address Iment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

Articles of Incorporation of

West areams Water To	ensterned Images Inc
(Name of Corporation as currer	ntly filed with the Florida Dept. of State)
$\Theta 12 m$	0-13/6
(Document Number	of Corporation (if known)
(included in the control of the cont	or corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co" or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	"Co". A professional corporation name must contain the
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	
Name of New Registered Agent	% (6 ∞
	street address)
New Registered Office Address:	(City) (City) (Tip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familia	
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,

X Change	PT John	Doe			
X Remove	<u>V</u> <u>Mike</u>	: Jones			
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	11 0
1) Change	YP	Therex	+ Ann	CARE COCACI	ellipine
Add		+(An)(15c0	CARE CORACI	tu 3359
Remove		_			
2) Change	<u>Slc</u>	Phy R-FR	acisa JR	1936 VICCAR	selly Cu
Add				Type CU (4)(4)	<u>2</u> >271
Remove					
3) Change Add					
Remove					
4) Change					
Add					
Remove				<u></u>	
5) Change			11-11-11		
Add				PART AND ADDRESS OF THE PART A	
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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 	· · · · · · · · · · · · · · · · · · ·
	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y ant applicant, mateure way	
· <u> </u>	

The date of each amendment(s) adoption: 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) (<u>CHECK ONE</u>)
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 east for the amendment(s) was/were sufficient for approval
by"
(voting group)
☐ 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. Dated 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)
(Title of person signing)