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(Re	equestor's Name)				
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SEP 2 5 2013

T. BROWN

COVER LETTER

Division of Corporations
NAME OF CORPORATION: NO 15 P TNC DOCUMENT NUMBER: EIN 45-4351372
OCCUMENT NUMBER: 270 75 75 1372
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ZADKIEL PEREIRA Name of Contact Person
Firm/Company 19255 NE 10+4 AU # 111 Address WORTH MIDMI BEACH FL 3317
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ZADKIEL PEREIRA at (786) 370-8742
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

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. Articl	es of Amendment	75/0/	TARY OF STATE
	to	1200	" CORSO TATE
Article	s of Incorporation	. 3 SEP	17 MATION
NGP. IN) C	,	OF CORPORATION 7 PM 3:45
(Name of Corporation as currently filed wit	h the Florida Dept. of S		
EIN 45	- 4/35/3	12	
(Document Number of Corpor		<u> </u>	
(Document Number of Corpor	ation (ii known)		
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	ės, this <i>Florida Profit Co</i>	rporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporat	ion:		
	WIX		The many
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	," or "Co". A profession	or "incorporated" or the onal corporation name mus	abbreviation t contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		V/A	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		nter the name of the	
		1 - 1	
Name of New Registered Agent PELSO	ON ESQUI	IEL_	
	E 1044 DU APT orida street address)	III N.MI SMI BESS	:4 FL 33179
New Registered Office Address: D. MILMI	BEDCH (City)	, Florida <u>33/79</u> (Zip Code)	<u>'</u>
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa Signature of New Regi.			

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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	V	-	NELSON ESQUIVEL	
X Add				bP+111
Remove				W.MibMi BEDGY FL 3317
2) Change				
Add				
Remove				
3) Çhange		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
4) Change		_		
Add				
Remove				
5) Change				TO PERSONAL AUTOMOTIVA CONTINUES OF THE AUTOMOTIVA CONTINU
Add				
Remove				
6) Change		_	<u> </u>	
Add				
Remove				•

	ets, if necessary). (Be specific)	
 		
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	V	

an amendment pro	vides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for imple (if not applicable	menting the amendment if not contained in the amendment itself: indicate N/A)	
· · · · · · · · · · · · · · · · · ·		
		
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The date of each amendment(s) adoption:	, if other than the
•	
Effective date if applicable: (no more than 90 days after amendment file date)	_
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	
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 9-1/3/12013	
Signature Wall Mulliman	
(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)	
ZADKIEL PEREIRA	
(Typed or printed name of person signing)	•
PD	
(Title of person signing)	