# P1200050866

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	TION: FLORIDA M	ANAGEMENT	TRAINING CORP	
DOCUMENT NUMBER	D1	2000050866		
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.		
Please return all correspon	ndence concerning this mat	ter to the following:		
	OLGA	ADRIANA MO	RENO	
<del></del>		Name of Contact Pers	on	
	WXC CORPORATION			
		Firm/ Company		
	8300 NW 5	3RD STREET	SUITE 350	
_		Address		
	DORAL, FL 33166			
		City/ State and Zip Co	de	
	AMORE	NO@WXCCOI	RP.COM	
<del></del>	E-mail address: (to be us	sed for future annual repo	rt notification)	
For further information co	oncerning this matter, pleas	se call:		
OLGA ADRIAN	IA MORENO	at ( 305	, 742-2187	
Name of (	Contact Person	Area C	Code & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida De	partment 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)	
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Ame Divis Clifte	et Address Industrial	

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

## FLORIDA MANAGEMENT TRAINING CORP

#### (Name of Corporation as currently filed with the Florida Dept. of State) P12000050866

1 12000	000000			
(Document Number of Co	orporation (if known	)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this <i>Florida</i>	Profit Corporation add	opts the following a	ımendmen
A. If amending name, enter the new name of the corp	poration:			
RENOVATIO		DRP	7	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A	mpany," or "incorpoi 1 professional corporal	rated" or the abb	reviation
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDR.</u>	<u>ESS</u> )			
		· · · · · · · · · · · · · · · · · · ·		
	*****			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the nam	e of the	
	Tice wastesor			
Name of New Registered Agent	<del>.</del>			
	(Florida street addr	ess)		
New Registered Office Address:	(City)	, Florida_		
	(Cit <u>v)</u>		(Zip Code)	
New Registered Agent's Signature, if changing Regist	tered Agent:			
I hereby accept the appointment as registered agent. I de		daccept the obligations	of the position.	
			SE C	55
			FT 144	S

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	PT	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	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			<del></del>
6) Change			
Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate $N/A$ )	

The date of each amendment(s) adoption: AUGUST 19,2015	, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 50 days after amenament fite 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)	
(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 19/19/2015	
Signature (Production of the Control	
(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)	
JAVIER RUIZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_