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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: HE NOTON ENUE 1MC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SEAD SQUEISKI
Name of Contact Person HE WORD KENUE INC
3105 DAVIS BUID
NAPLES, FC 32/104
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEAD SALEBEL at 239 777.2752
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: A
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section
Division of Corporations Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

• • •	Articles of Amendment			
	to		2	
	Articles of Incorporation	50	919	
THE WOFOR	L VENUE INC.		JAH	
	on as currently filed with the Florida Dept	. of State)	_ \oserrightarrow	j
Pla	2000079035	\$5.00 \$5.00 \$1.00	PH	A E E
(Docum	nent Number of Corporation (if known)		Ċί	1
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> ac	lopts the following	ယ antchd	ment(s) to
A. If amending name, enter the new name of the co	orporation:			
				iew
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	," "Inc," or "Co". A professional corpore	rated" or the aboution name must co	breviati ontain t	ion the
B. Enter new principal office address, if applicable	3105 Day	115 RIVE)	
(Principal office address MUST BE A STREET ADD		1 3410	4	- -
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	3/05 DAG	15 BU	>	
	NAPLES,	FL 341	104	<u>?</u> -
D. If amending the registered agent and/or register	red office address in Florida, enter the nan	ne of the		-
new registered agent and/or the new registered	office address:			
Name of New Registered Agent				
	(Florida street address)			
	1. The fact data, ess,			
New Registered Office Address:	(City)	, Florida <u> </u>		-
	(City)	(Zip Ci	ode)	
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations	s of the position.		
Sign	ature of New Registered Agent, if changing			
mgni	ma e aj rion riegiotoreu rigeru, ij erunging			

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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Fixecutive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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:	, ини эш	iy Sman, Sr as an Ada.	
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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	 -		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ts, if necessary).	cles, enter change(s (Be specific)			
					
					
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				<u>.</u>	· · · · · · · · · · · · · · · · · · ·
					<u> </u>
	·				
					
f an amendment prov	ides for an exch	ange, reclassificatio	on, or cancellation	of issued shares.	
	renting the amen	idment if not conta	ined in the amend	ment itself:	
provisions for implem (if not applicable,	indicate N/A)				
<u>provisions for implem</u>	indicate N/A)				
<u>provisions for implem</u>	indicate N/A)				
<u>provisions for implem</u>	indicate N/A)				
<u>provisions for implem</u>	indicate N/A)				
<u>provisions for implem</u>	indicate N/A)				

date this document was signed.							
Effective date <u>if applicable</u> :			J G				
	(no	more man 90 i	days after amendi	nent file date)			
Note: If the date inserted in this bloc ocument's effective date on the Depar	k does not me tment of State'	et the applicat s records.	ble statutory filing	g requirements, thi	is date will	not be	listed as t
doption of Amendment(s)	(<u>CHECK</u>	ONE)					
the amendment(s) was/were adopte by the shareholders was/were suffic	ed by the sharel tient for approv	nolders. The n val.	umber of votes ca	st for the amendm	ent(s)		
The amendment(s) was/were approving must be separately provided for each	ved by the share th voting group	eholders throug n entitled to vo	gh voting groups. Te separately on t	The following sta he amendment(s):	tement		
"The number of votes east for			•	oval			
by	(voting gr	-оир)					
4							
The amendment(s) was/were adopte action was not required.							
The amendment(s) was/were adopte action was not required.	d by the incorp	orators withou	t shareholder acti	on and shareholde	r		
Dated <i>O</i>	25/19						
Signature		-	<u>/</u>				
(By a direct selected, b	tor, president of y an incorporate fiduciary by the	tor – if in the h	- if directors or or ands of a receive	officers have not be r. trustee, or other	court	_	
	5	EAD S	ALEIS	<u> </u>			
	(Typec	d or printed nar	ne of person sign	ing)			
		PRESIZ	ENT				_
		(Title of	person signing)		₩.	2019	
					12.	2019 JAN	~~
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