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And (57 14 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WISDOM GROU	P INVESTMENTS CORP	
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ARY BREIJO		
		Name of Contact Person	n
	WIDOM GROUP INVESTM	MENTS CORP	
	-	Firm/ Company	
	PO BOX 262062	, ,	
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33126		
		City/ State and Zip Cod	e
WIS	DOMGROUPCORP@YAHO	O.COM	
	-	sed for future annual report	notification)
		·	
For further information	on concerning this matter, plea	se call:	
ARY BREIJO		786	263-1287
Name of Contact Person		at (786) 263-1287 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	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	Articles of Am	endment	17 1	r - en en en
	to Articles of Incom	poration		:
	of		_	
Wisdom Group	Inc	estments	Corp	
		filed with the Florida De	pt. of State) /	
P 13 (00 00 1	5 ///		
(Docu	iment Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florists Articles of Incorporation:	da Statutes, this Fi	orida Profit Corporation	adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
		N/A		777
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "Co	o". A professional corpo	porated" or th oration name m	Ine new e abbreviation ust contain the
B. Enter new principal office address, if applicab		X)	/ A	
(Principal office address <u>MUST BE A STREET AD</u>	ODKESS)			
				
		· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	P.O BOX 262062		
		MIAMI, FL 33126		
D. If amending the registered agent and/or regist	ered office addres	s in Florida, enter the n	ame of the	
new registered agent and/or the new registered	d office address:	_		
Name of New Registered Agent		N/A		
		•		
	(Florida stree	t address)	<u>.</u>	
New Registered Office Address:			, Florida	
	(C	ity)		Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		h and accept the obligation	ons of the positi	on
was a second of the s		accept mic conguni	o, poom	····
Sig	nature of New Reg	istered 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	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	Manag	gei	MAYDA E. BELLO	2950 SW 2 STREET
X Add				MIAMI, FL 33135
Remove				
2) Change	S	_	YORDANSKA RODRIGUEZ	235 NW 59 AVE
Add				MIAMI, FL 33126
X Remove				
3) Change		_		
Add				<u></u>
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
.	
<u> </u>	
f an amandment provides for an eych	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	

	03/01/2017	
The date of each amendment(s) ac	loption:	, if other than th
date this document was signed.		
	1/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment fficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	ılder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
03/01/2017		
Dated		
		_
Signature		
	irector, president or other officer - if directors or officers have not be	
	 by an incorporator – if in the hands of a receiver, trustee, or other or ted fiduciary by that fiduciary) 	ourt
аррони	ed fiductary by that fiduciary)	
	ARIELYS BREIJO	
	(Typed or printed name of person signing)	
	Liajow	
	(Title of person signing)	