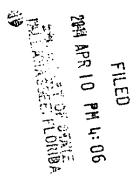
Office Use Only



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COVER LETTER

Division of Corpo	rations		
NAME OF CORPOR	JP	Wollowide 13000048	e Colpolation
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
_	Call	Soufflan	4.
		Name of Contact Person	n
-		Firm/ Company	
	2877 1	Page / lan	C
-	<u> </u>	Address	_
-	OVIFOXO	+ CORING	37765
	^	City/ State and Zip Cod	e
	CARISE		all. Com
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
CALI So	VFZ ant	at (<u>407</u>	579-0650
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Mailing Address		Street Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

,	of		FILED	
(am worl	DINITIZE CO	RPolati	was barria	: n6
(Name of Corporation as current	ntly filed with the Florida De	ot. of State) 2017	 	
		Cene.	20 20 F 18	OKIDA IA'(E
(Document Numb	ber of Corporation (if known)	7 9	4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this <i>Florida Pr</i>	= -	pts the following	; amendment(s) to
A. If amending name, enter the new name of a second contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of the designation of the des	C MANAGEM e word "corporation" "comp "Corp," "Inc," or "Co". A p	oany," or "incorpore		
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>			
D. If amending the registered agent and/or renew registered agent and/or the new registered		rida, enter the name	of the	
Name of New Registered Agent				
	(Florida street address))		
New Registered Office Address:	-	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	zent. I am familiar with and ac		of the position.	
Signatura	of New Registered Agent if ch	/τησιησ		

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>	e Jones	
X Add	SV Saily	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP_	JEZEMY BANKS.	21 st Dunbark,
Add			West Vinginia
Remove			25064
2) Change			
Add			
Remove			
3) Change		******	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

•	
The date of each amendment(s) adoption: MARCH 24, 7014 date this document was signed.	, if other than the
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 east for the amendment(s) was/were sufficient for approval by	
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 MARCH 24, 2014 Signature An /	
(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) ARI SOUFFRONT	
(Typed or printed name of person signing)	
Resident.	
(Title of person signing)	