## P13000056013

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: WRIF TRA	ADING INC				
DOCUMENT NUMBER: P130000560	13				
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
Barbara Namon					
<del></del>	Name of Contact Person				
Firm/ Company					
2199 Ponce De	Leon Blvd				
	Address				
South Miami, FL	. 33243				
,	City/ State and Zip Code				
widerangeinv@gma	il.com				
E-mail address: (to be	used for future annual report notification)				
For further information concerning this matter, ple	rase call:				
Barbara Namon at (305 ) 661-1166					
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	e payable to the Florida Department of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

WRIF TRADING INC	<b></b>		
(Name of Corporation as	currently filed with the Fl	orida Dept. of State)	
P13000056013			
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>I</i>	Florida Profit Corporation adopts the following	; amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Not Applicable			The new
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the ab	breviation
B. Enter new principal office address, if applicable:		5555 Oakwood Lane	
(Principal office address <u>MUST BE A S</u>		Coral Gables, FL 33156	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		P. O. Box 431993	
		South Miami, FL 33243	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	Barbara Namon		
	5555 Oakwood	Lane	
	(Florida stre	•	
New Registered Office Address:	Coral Gables	, Florida 33156	
	(City)	(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	n <mark>anging Registered Agent:</mark> ered agent. I am familiar w	ith and accept the obligations of the position.	
B.	nema Mamon		
	gnature of New Registered A	gent, if changing	
		CCAHAJJ	4)

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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> <u>Johr</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	р	George Ashkar	2199 Ponce De Leon Blvd
Add			Suite 203
X Remove			Coral Gables, FL 33134
2) Change	ptsd	Barbara Namon	5555 Oakwood Lane
X			Coral Gables, Florida 33156
Remove			
3 ) Change			
Add			
Remove			·
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			<del></del>
Remove			
5) Change			
Add			
Remove		•	
6) Change			
Add			
Remove			

(Attach a	additional sheets	; if necessary).	(Be specific)			
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If an an	nendment provi	ides for an exc	hange, reclassifi	cation, or canc	ellation of issued	shares,
provisi (if	<u>ions for implem</u> `not applicable, :	enting the ame indicate N/A)	endment if not c	ontained in the	amendment itse	<u>lf:</u>
√N/A		······,				
				·	<del></del>	
		· <del>-</del> ·				
		·				-

The date of each amendment(s) ac date this document was signed.	July 1, 2013	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated July	1, 2013	
(By a description)	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Barbara Namon	

Sole Director, Shareholder and President

(Title of person signing)

(Typed or printed name of person signing)