# P1300092281

| (Re                     | questor's Name)   | •           |
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| (Cit                    | y/State/Zip/Phone | e #)        |
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JUN 1 4 2017 S. YOUNG

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: R WAHLI'S CORE                      | P  |   |
|-------------------------|---|--|---|
| DOCUMENT NUM            | BER: P13000092281                           |  |   |
| The enclosed Articles   | of Amendment and fee are su                 | bmitted for filing.  |   |
| Please return all corre | spondence concerning this ma                | tter to the following:   |   |
|                         | ALEXANDRA RUIZ WAHI                         | LI   |   |
|                         |   | Name of Contact Perso  | n   |
|                         | R WAHLIS CROP                               |  |   |
|                         |   | Firm/ Company  |   |
|                         | 2200 SW 13TH ST                             |  |   |
|                         |   | Address  |   |
|                         | MIAMI FL 3314                               |  |   |
|                         |   | City/ State and Zip Cod  | ie  |
| RWA                     | HLISW@GMAIL.COM                             |  |   |
|                         | E-mail address: (to be us                   | sed for future annual report                                       | notification)   |
| For further informatio  | n concerning this matter, pleas             | se call:   |   |
| ALEXANDRA RUIZ          | WAHLI                                       | at ( <sup>305</sup>  | 3945779   |
| Name                    | of Contact Person                           | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for | or the following amount made p              | 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) | S2.50 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

#### Articles of Amendment to Articles of Incorporation of

| ed with the Florida Dept. of St    | ate)   |
|------------------------------------|--|
|                                    |  |
| rporation (if known)               |  |
| rida Profit Corporation adopts the | ne following amendment(s   |
|                                    |  |
|                                    | The new  |
| . A professional corporation n     | or the abbreviation  |
| di/A                               | 37   |
| NIF                                | 2 + 1 C -  |
|                                    | 122  |
| N/A                                |  |
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| in Florida, enter the name of th   | <u>1e</u>  |
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| ddress)                            |  |
| ddress)                            | la   |
|                                    | rporation (if known)  rida Profit Corporation adopts the "company," or "incorporated". A professional corporation in Signature of the state of the s |

# 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 Doe           |                     |  |
|----------------------------|-------------|--------------------|---------------------|--|
| X Remove                   | <u>v</u>    | Mike Jones         |                     |  |
| X Add                      | <u>sv</u>   | Sally Smith        |                     |  |
| Type of Action (Check One) | Title       | Name               | Address             |  |
| 1) Change                  | D           | ALEXANDRA RUIZ WAH | ILI 1918 SW 18TH CT |  |
| X Add                      |             |                    | MIAMI FL 33145      |  |
| Remove                     |             |                    |                     |  |
| 2) Change                  |             |                    |                     |  |
| Add                        |             |                    |                     |  |
| Remove                     |             |                    |                     |  |
| 3) Change                  |             |                    |                     |  |
| Add                        |             |                    | <del></del>         |  |
| Remove                     |             |                    |                     |  |
| 4) Change                  |             |                    |                     |  |
| Add                        |             |                    | <u> </u>            |  |
| Remove                     |             |                    |                     |  |
|                            |             |                    |                     |  |
| 5) Change                  | <del></del> |                    |                     |  |
| Add                        |             |                    |                     |  |
| Remove                     |             |                    |                     |  |
| 6) Change                  |             | _                  |                     |  |
| Add                        |             |                    |                     |  |
| Remove                     |             |                    |                     |  |

| f amending or adding additional Arti<br>Attach <i>additional sheets, if necessary).</i> | (Be specific)  |
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| an amendment provides for an exch   | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame<br>(if not applicable, indicate N/A)                | ndment if not contained in the amendment itself:           |
| (y noi application, material mily   |  |
|   |  |
|   |  |
|   | NIA  |
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| The date of each amendment(s) adoption:date this document was signed.   | , if other than the   |
|---|---|
| Effective date if analicable:   |   |
| ' tuo more  | than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the document's effective date on the Department of State's rec | e applicable statutory filing requirements, this date will not be listed as the ords.                       |
| Adoption of Amendment(s) (CHECK ON)   | 2)  |
| ☐ The amendment(s) was were adopted by the shareholde<br>by the shareholders was were sufficient for approval.        | rs. The number of votes cast for the amendment(s)   |
| ☐ The amendment(s) was/were approved by the sharehole must be separately provided for each voting group entitle.      |   |
| "The number of votes east for the amendment(s) v  | vas/were sufficient for approval  |
| by  | ·,  |
| The amendment(s) was/were adopted by the board of diaction was not required.  | rectors without shareholder action and shareholder  |
| The amendment(s) was/were adopted by the incorporate<br>action was not required.                                      | ors without shareholder action and shareholder  |
|   | ner officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court |
| appointed fiduciary by that fid   | ZUIZ CLAYSSEN   |
| **************************************  | ounted name of person signing)  |
|   | PRESIDENT   |
| -   | (Title of person signing)   |