Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001623573)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: ACCOUNT BOOKKEEPING CORP

Account Number : 120120000055

: (407)898-1757

Fax Number

: (407)397-5336

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN WONKI INTERNATIONAL CORP

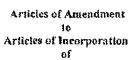
> Certificate of Status Certified Copy 0 01 Page Count \$35.00 Estimated Charge

COVER LETTER

TO: Amendment Section Division of Corporations WONKI INTERNATIONAL CORP NAME OF CORPORATION: P13000094294 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person WONKI INTERNATIONAL CORP Firm/ Company 825 BRICKELL BAY DRIVE SUITE 246 Address MIAMI, FL 33131 City/ State and Zip Code INFO@ABKCORP.COM E-mail address: (to be used for future annual report antification) For further information concerning this matter, please call: ANDREA PINE Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52,50 Filing Fee Certificate of Status Certified Copy Certificate of States (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



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WO	NKI INTERNAT	IONAL CORP		
(Name of Corporation a	carrently flied with the	Florida Dept. of State)	******	
P13000094294				
(Document)	nt Number of Corporation	(if known)		
Pursuant to the provisions of section 607, its Articles of incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the follow	ving amendment(s) to	
A. If amending name, enter the new m	ime of the corporation:	·	ŕ	
name must be distinguishable and con "Corp" "Inc" or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mu "P.A."	The new abbreviation st contain the	
B. Enter new principal office address.	if amplicable:	825 BRICKELL BAY DRIV	Έ	
(Principal office address MUST BE A S	TREET ADDRESS)	SUITE 246		
		MIAMI, FL 33131		
C. Eurer new molling address, if apple (Mailing address MAY BE A POST		825 BRICKELL BAY DRIV	Έ	
		SUITE 246	******	
		MIAMI, FL 33131	******	
D. If amending the registered sabut an new registered signal and/or the ne	dor registered affice ad-	fress in klorida, enter the name of the Si		
Name of New Registered Agent	MARTINS, LEC	DNARDO		
	825 BRICKELL BAY DRIVE SUITE 246			
	'	reei uidress)		
New Registered Office Address:	MIAMI	Florida 33131		
	(Cir)	ý (Zip Code)		
	hangig 2 Registered Agen ered agent. I am familia gnature (20%) Registered	with a secure the obligations of the position	n.	

Page 1 of 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, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Saily Smith, SV as an Add.

X Change	PT John	n Doe	
X Remove :	Y . Mik	re Iones	
X Add	<u>SV</u> Sali	y Smith	÷
Type of Asism (Check One)	Tills	Name	Admes
13 Criange	V	POCHINE, GLAUCO'O	720 REFLECTION LN
✓ Add			- WINTER GARDEN, FL
Remove			34787
2) Change	CEO	MARTINS, LEONARDO	20908 LEEWARD CT
Add	••		UNIT 236
Remove			AVENTURA, FL 33180
3) Change		19199999999999	
Add			
Remove			***************************************
4) Change	*************		
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Remove			***************************************
5) Change			
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Page 2 of 4

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Page 3 of 4

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	(no more than 90 days after amendment file date)	****
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by	,	
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Dated	The state of the s	
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Signature (fix a d	irector, president or other officer – if directors or officers have not been	••••
3cicote.	d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	LEONARDO MARTINS	
	(Typed or printed name of person signing)	
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	(Title of person signing)	;

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