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SECRETARY OF STAIL
STATEMENT OF STAIL

AUG 2 4 2016

C LEWIS

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: P14000051280 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jess Wymbs (Name of Contact Person) Wymbs & Wymbs (Firm/ Company) 220 SE 13th Ave (Address) Cape Coral, Fl 33990 (City/ State and Zip Code) jesswymbs@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jess Wymbs 239 560-5491 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



July 22, 2016

JESS WYMBS / WYMBS & WYMBS 220 SE 13TH AVE. CAPE CORAL, FL 33990 US

SUBJECT: WYMBS & WYMBS INC.

Ref. Number: P14000051280

We have received your document for WYMBS & WYMBS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 916A00015423

Carolyn Lewis Regulatory Specialist II

Articles of Amendment to

FILEL SECRETARY OF STATE DIVISION OF CORPORATION,

Articles of Incorporation

,	of	2016 AUG 12 PM 1:49
<u></u>	YMDS & Wimbs	i Inc
(Name of Corpo	pation as currently filed with the Florid	da Dept. of State)
	P14/1005128	<u> </u>
(Do	ocument Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corpor	ration adopts the following amendment(s) to
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A professional	
B. Enter new principal office address, if application	able:	
(Principal office address MUST BE A STREET A	<u>4DDRESS</u>)	
	-	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
	-	***************************************
D. If amending the registered agent and/or reg		the name of the
new registered agent and/or the new registe	red office address:	•
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 agent		ligations of the position.
•		
	Signature of New Pagistered Agent if cho	anaina

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:	of and sarry similar, so as an indus	
X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	•
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	MPT Lillian Wymbs	320 SE BY AVE
Add	•	Cape Coal PL 3399
Remove		,
2) X Change	FAPT Jess Wymbs	230 SE 13th AV
Add	•	Cape Coral FL 33990
Remove	VPS Seth Whombs	1224 SE 17th Terr
3) Change	VIO SEAN WYMOS	Cape Coal FL 33990
—————————————————————————————————————	,	
Remove	·	
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

samending of adding additional Arti- attach additional sheets, if necessary).	(Be specific)
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<u>rovisions for implementing the amer</u>	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.	Jan		2016	T ILIT other than the SECRETARY OF STATE
Effective date if applicable: (n	no more than 90 days af	fter amer	ndment file date)	2016 AUG 2 PM : 49
Note: If the date inserted in this block does not redocument's effective date on the Department of State		utory fil	ing requirements	t, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)			
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr		of votes	cast for the ame	ndment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro				
"The number of votes cast for the amendm	ent(s) was/were sufficie	ent for ap	proval	
by(voting			,"	
(voting	group)			
The amendment(s) was/were adopted by the boa action was not required. The amendment(s) was/were adopted by the incoaction was not required.				
appointed fiduciary by	rator – if in the hands o	of a received of	ver, trustee, or of	