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(((H170001840313)))



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To:

Division of Corporations

Fax Number : (850)617-6380

Fron:

Account Name : JRA PROFESSIONAL SERVICES

Account Number: 120160000062 Phone: (305)310-3965 Fax Number: (305)456-5945

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

Email Address:

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COVERLETTER COVERLETTER

TO: Amendment Sect Division of Corpo			
NAME OF CORPOR	CATION: WHITMORE PLA	AZA INC	
DOCUMENT NUME	BER: P14000092710		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	ZUNAY RABELO		
		Name of Contact Person	
	JRA PROFESSIONAL SER	VICES	
		Firm! Company	
	8202 NW 14 ST		
	DORAL, FL 33126	Address	
		City/ State and Zip Code	:
ZRAI	BELO@JRAPROFESSIONA	L.COM	
	••	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ZUNAY RABELO		at (456-5945
Name o	f Contact Person	Area Cod	c & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ing Address	Street A	 \ddress
	ndment Section	Amenda	nent Section
	sion of Corporations		of Corporations
	Box 6327 hassee, FL 32314		Building
# ana	41000CC, I'L 32314		coutive Center Circle see, FL 32301
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Articles of Amendment

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Articles of Incorporation of

an JUL 25 A 10:00

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P14000092710

SECRETARY-OF STATES (Name of Corporation as currently filed with the Florida Dept. of State) (Decument Number of Corporation (if known)

	oration:	
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp." word "chartered." "professional association," or the ab	"corporation," "company," or "incorporated" or the abbrular, "Inc," or "Co". A professional corporation name must con	se new eviation tain the
Enter new principal office address, if applicable:	691 SW WHITMORE DRIVE	
Principal office address MUST BE A STREET ADDR	PORT SAINT LUCIE, FL 34953	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	691 SW WHITMORE DRIVE PORT SAINT LUCIE, FL 34953	
. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the fice address:	
Name of New Registered Agent		
	(Florida street address)	
-		
New Registered Office Address:	, Florida	

Signature of New Registered Agent, if changing

Example:

X Change

4,70001540313

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:

Ά	itach	cda	itional	5/	heets.	ij	necessary)
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Please note the officer/director title by the first letter of the office title:

Jahn Doe

PT

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 Remove	¥	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
E. if amending or adding additional Articles, enter change(s) here: (Attach additional sheets if necessary) (the specific)	
(Million distribution, y recessory). (be specific)	
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	<u> </u>
	
. If an amendment provides for an exchange, reclassification, or cancell	ation of issued shares.
provisions for implementing the amendment if not contained in the ar	nendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
	

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately	
"The number of votes east for the amendment(s) was/were sufficient	t for approval
by	<u></u> "
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sh action was not required.	archolder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder
07/13/2017	
Dated	
(By a director, president or other officer - if directly selected, by an incorporator - if in the hands of appointed fiduciary by that tiduciary)	
ZUNAY RABELO	
(Typed or printed name of pe	rson signing)
REGISTERED AGENT	
(Title of person s	igning)