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COVER LETTER

Division of Corporations NAME OF CORPORATION: ____ WINIADAEWOO ELECTRONICS CARIBBEAN, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SOONJAE GOO Name of Contact Person WINIADAEWOO ELECTRONICS CARIBBEAN, INC Firm/ Company 8200 NW 52nd TERSuite 303 Address **DORAL, FL 33166** City/ State and Zip Code SJGOO@WINIA.PA E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SOONJAE GOO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & **\$35** Filing Fee ☐S43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WINIADAEWOO ELECTRONICS CARIBBEAN, INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

FILED

(Name of Cor	rporation as currently filed y	<u>vith the Florida D</u>	ept. of State 28	Dı.
P14000099155			12/100	PM 1:05
	(Document Number of Corpor	ration (if known)	74.75	F 37 175
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florida</i>	Profit Corporation	n adopts the follow	ving amendment(s)
A. If amending name, enter the new name of	of the corporation:			
WINIA ELECTRONICS CARRIBEAN, INC.				The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or th	" "Inc," or "Co". A profes	v," or "incorporate sional corporation	ed" or the abbrevior name must con	ation "Corp.," tain the word
B. Enter new principal office address, if app	N/A			
(Principal office address MUST BE A STREE				
			· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)				
(Maning datiess MA) BEATOST OFF	<u></u>			
D. If any and in order and any and any and any	unintered office address in f	Clarida antar tha	name of the	
D. If amending the registered agent and/or new registered agent and/or the new reg		riorida, enter the	name of the	
N/A				
Name of New Registered Agent				
	m . II		***	_
XI/X	tFlorida street addre	PSS1		
New Registered Office Address: N/A			, Florida	
	(City)		12.	ip Code)
New Registered Agent's Signature, if change	ing Dogistorad Agants			
I hereby accept the appointment as registered	agent. I am familiar with and	l accept the obliga	tions of the positio	n.
	Signature of New Registere	rd Agent, if changi	ng	
Check if applicable				

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			<u></u>
2) Change		N.A	·
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			-

L. <u>If an</u> Atta	nending or adding additional Artic ch additional sheets, if necessary).	<u>les, enter change(s)</u> (Be specific)	<u>here</u> :		
) /A	•				
					
					
		 			
	•			-	
					
					
. <u>If ar</u> pre	n amendment provides for an excha- ovisions for implementing the amer	inge, reclassification	n, or cancellation ined in the amend	of issued shares, ment itself:	
	(if not applicable, indicate N/A)				
//A					
			·		· ·
	<u></u>		· · ·		· · · · · · · · · · · · · · · · · · ·
					<u>.</u>

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The date of each amendmen		, if other than the
date this document was signed	1. - January 1, 2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wo action was not required.	ere adopted by the incorporators, or board of directors without shareholder acti-	on and shareholder
	ere adopted by the shareholders. The number of votes east for the amendment(were sufficient for approval.	s)
☐ The amendment(s) was/we must be separately provid	ere approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	JARY 25, 2022	
Dated		
Signature _	By a director, president or other officer – if directors or officers have not been	
8	elected, by an incorporator – if in the hands of a receiver, trustee, or other componited fiduciary by that fiduciary)	rt
	SOONJAE GOO	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	