P15000004458

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SECRETARY OF STATE
MIT AHASSEE FLORIDA

FEB 22 2017 D CONNELL

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Word Deleil Specialists, Inc.
DOCUMENT NUMBER: P 1500004458.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Orestes Ramos
World delail specialists
BAG SW 49 AVE
C4. Carderdale, Fr. 3337
City/State and Zip Code Onessa. world d specialist a gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aura Pena 1085
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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Cartificate of Status \$252.50 Filing Fee & Certified Copy (Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

	Amendment FILED
Articles of I	ncorporation 17 FEB 22 PM 2: 16
world detail	Specialists, SEMETARY OF STATE
(Name of Corporation as curren	of State) state Florida Dept. of State
P1500000	>44 5 8
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation;	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST RE A STREET ADDRESS)	1200 SW 130 AVE G-307
	Pembroke Pines, Fz. 33025
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1200 SW 130 AUE G-307 Pambroke Rives, FL 33027
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent Aura	Pena
(Florida s	trent address)
New Registered Office Address: Pembrove	(City) Florida 3302 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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	PT John Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change	P Orestes Ramos	1394 SW 49AUE FALOUD, FL. 33317.
Add Remove	♂	
2) Change Add	P Aura Hena	1700 SW 130 AUE G 307
Remove 3) Change		PembrokePines, Fr. 3302
Add		
4) Change		· · · · · · · · · · · · · · · · · · ·
Remove		
5) Change Add		
Remove		
o) Change Add		
Remove		_

	(Be specific)
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The date of each amendment(s) ad	option:, if or	ther than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more inan 90 adys after amenament file agie)	
Note: If the date inserted in this b document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	nted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast I	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	sted by the incorporators without shareholder action and shareholder	
DatedC	2/22/17	
Signature		
	ector president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	
- -		
_	Crestes (and)	
	(Typed or printed name of person signing)	
	L'ecide of	
-	(Title of person signing)	