P150000/4276

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AMend. 3/4/15

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: NWCSZINC					
NAME OF CORPORATION: NWCS Z INC DOCUMENT NUMBER: PISOOOO14276					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MIGUEL PAZ Name of Contact Person NWCS 2 INC Firm/Company 1-bo EDICKELL AVE 14:3 Address Miami, FL 33/3/. City/ State and Zip Code					
Name of Contact Person					
NWCS ZINC					
Firm/ Company					
1060 BRICKELL AVE 14.3					
Address	-				
Minus 51 22121					
City/ State and Zip Code	-				
migvel@nationalwes.eem. Imail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (7Eb) S47 - S93 Area Code & Daytime Telephone Number	; <u>J</u>				
Name of Contact Person - Area Code & Daytime Telephone Number	er				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section	Amendment Section				
Division of Corporations Division of Corporations					

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently f	iled with the Flo	orida Dept. of	State)		
(Document Number of	Corporation (if	known)			
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this F	lorida Profit	Corporation add	opts the followir	ng amendment(s)
A. If amending name, enter the new name of the co	orporation:				
					The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc, ' or "C abbreviation "I	lo". A profes	" or "incorpor sional corpora	rated" or the a tion name must	abbreviation contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address MUST BE A STREET AD)	<u>e:</u> DRESS)	· <u> </u>			-
				-	- 15
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX</u>)				· 蒂· □
					LED 2 AMI
		_	<u></u>		
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address:	ess in Florida.	<u>enter the nam</u>	e of the	52 52
Name of New Registered Agent					
Marie Company	(Florida stre	et address)			•
New Registered Office Address:			, Florida_		_
	(City)			(Zip Code)	
New Registered Agen <u>t's Signature, if changing Re</u>	gistered Agent:				
I hereby accept the appointment as registered agent.	I am familiar w	ith and accept	the obligations	of the position.	
	lac Ranietarad A				

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: X_Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address 1060 BRICKELL AVE
() Change	VP	BRIDN TOPRES	minmi , FL 3313 1.
Add Remove			
2) . Change . Add			
Remove			
3) Change Add			
Remove 4) Change			
Add Remove			
5) Change			
Add			<u>·</u>
6) Change			
Add			

tach additional sheets, if necess	al Articles, enter c sarv). (Be specifi	c)		
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<u> </u>				
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				_
an amendment provides for a	<u>in exchange, reclas</u>	<u>ssification, or cancell</u>	<u>lation of issued shar</u>	es,
rovisions for implementing th	<u>ie amendment if n</u>	<u>ot contained in the a</u>	mendment itself:	
(if not applicable, indicate I	V/A)			

The date of each amendment(s) adoption: 2-26-15	, if other than the
date this document was signed.	
Effective date if applicable: $\triangle \leq \triangle P$. / $L - Lb - Ls$	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval by T119UEL PDZ \$ STEVEN K WIKON, "	
by MIGUEL PAZ 3 STEVEN K WIKON, "	_
(voting group)	•
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2 - 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Steven Kyle Wilson	
(Typed or printed name of person signing)	
C00	
(Title of person signing)	