(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	· MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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Amendus

NOV 25 2015 | I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	リスク	W Studio 121 DOD LOTL	1NC.
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	Wilbert E	NEAL III	
		Name of Contact Perso	n
-	3620 Roben	Firm/Company	
-		Address Sonville Fl	32218
		City/ State and Zip Cod	
		121. INFO OG mai	
For further information Wilbert E	concerning this matter, pleas	• •	\ 703 U375
	f Contact Person	at (/6-7 Area Co	703 4325 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis	ing Address ndment Section ion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE W STUDIO 121 INC.

(Name of Corporation	as currently filed with the Flor	rida Dept. of State)
P150	000067640	
(Documen	t Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corp.	oration adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:	,
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"Inc," or "Co". A professiona	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2018 HOV 23
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		r the name of the
Name of New Registered Agent		γ
	(Florida street address)	
New Registered Office Address:		. Florida
· · · · · · · · · · · · · · · · · · ·	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	m familiar with and accept the o	·
Signatu	ire of New Registered Agent, if c	hanging

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
I) K Change	P William L White I	8003 Springtree Rd
Add		Jacksonville Fl 32210
Remove		
2) X Change	V Wilbert E Neal !!	3620 Robera Rd
Add		Jacksonville F1 32218
Remove 3) X Change	S LaToya M Jones	8003 Springtree Rd
Add		Jacksonville Fl 32210
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		,
6) Change	<u></u>	
Add		
Remove		

	g additional Arti ts, if necessary).	(Be specific	c)				
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an amendment prov	vides for an excl	ange, reclas	sification, or	cancellation	of issued sh	ares,	
<u>provisions for implen</u>	nenting the ame	ndment if no	ot contained i	n the amend	lment 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 after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	<i>t</i>
"The number of votes cast for the amendment(s) was/were sufficient for approval	•
by" (voting group)	
(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 // /20 / 2015	
Signature Weethow What	
(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)	
William L White "	
(Typed or printed name of person signing)	
President	
(Title of person signing)	