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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Word Of Mouth Promotions, INC DOCUMENT NUMBER: P15000100716 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jarrell Wooden Name of Contact Person Word Of Mouth Promotions, INC Firm/ Company 2918 E 29th Ave Address Tampa, Fl 33605 City/ State and Zip Code Word of mouth Promotine & gmail.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 802-2080

Area Code & Daytime Telephone Number Jarrell Wooden Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 16 FEB - 1 PH 8: 56

	SECRETARY OF ST
(Name of Corporation	as currently filed with the Florida Dept. of State) CAHASSLE FLO
P15000100716	
(Document	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stas Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corpo	poration:
	The new
name must be distinguishable and contain the word ' Corp," "Inc.," or Co," or the designation "Corp," word "chartered," "professional association," or the abl	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
3. Enter new principal office address, if applicable:	2918 E 29th Ave
Principal office address MUST BE A STREET ADDRE	Tampa, Fl 33605
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2918 E 29th Ave
(muning undress MAT BEAT OF OFFICE BOT)	Tampa, FI 33605
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
2918 E 29th A	Ave
	(Florida street address)
	33605
New Registered Office Address:	Florida

. 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Jarrell Wooden	2918 E 29th Ave
X Add			Tampa, Fl 33605
Remove			
2) Change			
Add			
Remove			····
3) Change			
Add			···
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending o (Attach additio	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	1//
	/ / / / /
·	
provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)
	/ V // *
· · · · ·	

	1/28/2016	
The date of each amendment(s) ac	option:	, if other than th
date this document was signed.		
1/28 Effective date <u>if applicable</u> :	/2016	
Enterve date it applicable.	(no more than 90 days after amendment file d	'ate)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirempartment of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the efficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The follo each voting group entitled to vote separately on the amend	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	pted by the board of directors without shareholder action ar	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and sh	areholder
1/28/2016 Dated		
(By a d selecte	irector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	P	
•	(Title of person signing)	