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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporation				
NAME OF CORPOR	AATION: W.W.S. SE	RVICES INC		
DOCUMENT NUMB	_{BER:} <u>P1600000583</u>	5		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	DARLEY LIMA			
		Name of Contact Person	<u> </u>	
TAX CONTROLLER INC				
,		Firm/ Company		
750 E SAMPLE RD, BLDG 3 BAY 5				
		Address		
	POMPANO BEAG	CH FL 33064		
		City/ State and Zip Code	2	
DARLEY@TAXCONTROLLER.COM				
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
DARLEY A LIMA		at (954	301-1848	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
	ling Address		Address	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

	of
W.W.S. SERVICES INC	
(Name of Corporation as currently file	with the Florida Dept. of State)
P16000005835	
(Document Number of C	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the cor	oration:
W.W.S. SERVICE INC	
	The new "corporation." "company." or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2011 JAH 17 PH 2: 1
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New_Registered Office Address:	, Florida
	(City) (Zip Code)
New Designated Agent's Signature if shareing Danie	and Amenta
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	ered Agent: m 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.

Example:	, una sai	iy Smith, Sv us un Auu.	
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>	Name	<u>Addres</u> s
1) Change			
Add Remove			
remove			
2) Change	<u> </u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)	
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		<u></u>
<u> </u>		
an amendment provides for an exch	ange, reclassification, or cancellation of issued sha	ires,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
		
		_

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)	
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"	
by" (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	
Signature x	_
(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)	
GENI V ALDO TARGINO DE ARAUJO,	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)