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SECRETARY OF STATE
DIVISION OF CORPORATION

JUN - 8 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	WSRA	Enterpris	ses Inc.	
document number: $\overline{\mathcal{P}}$		·		
The enclosed Articles of Amendm	ent and fee are submitte	d for filing.		
Please return all correspondence co	oncerning this matter to	the following:		
	Ruben D.	Gome 2 me of Contact Person		
	WSRA &			
	9 Hulberry			
R	ayal Palm	Beach 7	FL 33411	
+oxor E-mail	address: (to be used for	ngand to	tes. Com.	
For further information concerning this matter, please call:				
Ruben D. a	omez	at (T61) 301 - 4938. de & Daytime Telephone Number	
Name of Contact P	erson	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the follow	ing amount made payabl	e to the Florida Depa	rtment of State:	
	ficate of Status C	43.75 Filing Fee & ertified Copy dditional copy is nclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mailing Addre</u> Amendment Sec	_		Address ment Section	

Division of Corporations

Tallahassee, FL 32301

Clifton Building
2661 Executive Center Circle

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

2016 JUN -6 PM 4: 22

WSRA Gnterph:	569, Inc.
(Name of Corporation	as currently filed with the Florida Dept. of State)
P1600003	01308
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
	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 ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.
	·
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	fice address:
Name of New Registered Agent	A ·
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Avent
	am familiar with and accept the obligations of the position.
Signatu	ure 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:	e, una sany smn	n, 5r us un Auu.	
Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>1P</u>	Sonfa A. Díaz	Acq Hulberry Grove Rd Royal Palm Beach 72, 33411
Add			Royal Palm Beach
Remove			九,3341
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
			<u> </u>
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
in la
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) A

The date of each amendment(s) adoption: OA 31 16 FILE Q if other than the date this document was signed. SECRETARY OF STATE
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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" (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.
Signature By a director, president or other officer of 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)
Ruben D. Geomez.
(Typed or printed name of person signing)
President.
(Title of person signing)