P16000059017

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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: World Wide Interr	net Marketing INC	
DOCUMENT NUM	BER: p16000059012		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Joseph Chimenti		
`		Name of Contact Person	n
	JC Marketing & Accounting	Service Inc	
		Firm/ Company	
	4630 S Kirkman Rd #806		
		Address	
	Orlando, Fl 32811		
		City/ State and Zip Cod	e
endw	wa@ao.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Joe Chimenti		at (⁴⁰⁷	925-5954
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Docume	ent Number of Corporation (if known)		
	Statutes, this Florida Profit Corporation adopts the follo	wing amendment(s	i) to
A. If amending name, enter the new name of the con	rporation:		
		The new	
	l "corporation," "company," or "incorporated" or th " "Inc," or "Co". A professional corporation name mabbreviation "P.A."	e abbreviation	Ş
B. Enter new principal office address, if applicable:		energy (Mark	• ~
Principal office address <u>MUST BE A STREET ADD</u>		5 5	•
		- (5) 25 1	
		<u> </u>	
C 17			: !
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	K)	<u> </u>	,
		9	
		,	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of			
new registered agent and/or the new registered o			
new registered agent and/or the new registered o	office address:		
new registered agent and/or the new registered o			
new registered agent and/or the new registered o	Office address: (Florida street address) , Florida	Tin Code)	
new registered agent and/or the new registered o	Office address: (Florida street address) , Florida	Zip Code)	
new registered agent and/or the new registered o	Office address: (Florida street address) , Florida	Zip Code)	
new registered agent and/or the new registered of New Registered Agent Name of New Registered Agent New Registered Office Address:	Office address: (Florida street address), Florida (City)	Zip Code)	
new registered agent and/or the new registered of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing Registered Regi	Office address: (Florida street address), Florida (City)	, ,	

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>	<u>John Doe</u>	
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>	Address
1) Change	pres	Carlos Davila	8007 Meadowglen Dr
Add	•		Orlando, Fl 32810
X Remove			
2) Change	pres	Jose Quijada	8007 Meadowglen Dr
X Add			Orlando, Fl 32810
Remove			
3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles,	enter change(s) here:
(Attach additional sheets, if necessary). (B	e specific)
	•
W-4	
<u> </u>	
	•
F. If an amendment provides for an exchange	e, reclassification, or cancellation of issued shares,
provisions for implementing the amendm	ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	•
	,

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 07/26/2016	
Effective date if applicable:	
(no more than S	00 days after amendment file date)
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thr must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	re sufficient for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators with action was not required.	nout shareholder action and shareholder
07/26/2016 Dated	
Signature	
Signature(By a director, president or other offi selected, by an incorporator — if in the appointed fiduciary by that fiduciary	e hands of a receiver, trustee, or other court
Carlos Davila	
(Typed or printed	name of person signing)
Cinto Da	So.

(Title of person signing)