P16000064091

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Wynpoint Resort R	tentals Inc	· · · · · ·
	BER: P16000064091		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Carrie Sunshime Spitalieri		
		Name of Contact Person	1
	Wynpoint Resort Rentals Inc		
		Firm/ Company	
	9300 Conroy Windemere Rd	Unit 2641	
		Address	
	Windemere, Fl 34786		
	- destribute of a destribute of a second sec	City/ State and Zip Code	
ou du	rua@aal.aam		
	wa@aol.com	sed for future annual report	notification)
	E-man address. (to be ac	sea for ratare annual report	nonneactory
For further informatio	n concerning this matter, pleas	se call:	
i or randior informatio	n concerning this matter, produ	o our.	912-5035
Carrie Sunshine Spita	lieri	at (\ 90 2 =9048
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Englaced is a check fo	or the following amount made	navahla to the Florida Dens	extment of State:
Eliciosed is a clieck it	or the following amount made	payable to the Florida Depa	nument 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)
<u>Ma</u>	iling Address	Street	Address
	endment Section	Amendment Section	
	ision of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee FI 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Wynpoint Resort Rentals Inc	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P16000064091	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
WYNPOINTS RESORT RENTAI	LS INC.
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co". A professional corporation name must contain the
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9300 Conroy Windemere Rd
(muning dualess mat be at OST OF TICE BOX)	Unit 2641
	Windemere, Fl 34786
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	·
(Florida str	eet address)
New Registered Office Address:	. Florida
New Negasterea Office Mauress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	egistered 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: 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>	Address
1) Change	P	Chimenti, Joseph	9300 Conroy Windemere Rd
Add X Remove			Orlando, Fl 34786
2) Change	P	Carrie S Spitalieri	9300 Conroy Windemere Rd
X Add			Unit 2641
Remove			Windemere, Fl 34786
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets; if necessary).		
		•
	The state of the s	
san amendment provides for an excha	nge, reclassification, or cancellatio	n of issued shares,
provisions for implementing the amen	dment if not contained in the amen	dment itself:
(if not applicable, indicate N/A)		
,		
	, <u></u>	

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 statuto document's effective date on the Department of State's records.	ry 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 number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	,,
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareholder
August 08, 2016 Dated	•
Signature (By a director, president or other officer if director	
selected, by an incorporator – if in the hands of a appointed fiduciary by that figure ary)	
Carrie S Spitalieri (Typed or printed name of per	W.Shield
President	

(Title of person signing)