P17000016684

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SECRETAR), OF STATE
TALLAHASSEE, FL



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: WGA HOMES OF	NC		
DOCUMENT NU	MBER: P17000016684			
The enclosed Artic	les of Amendment and fee are su	ibmitted for filing.		
Please return all co	rrespondence concerning this ma	itter to the following:		
	GUILLERMO ALONSO			
Name of Contact Person			I	
		Firm/ Company		_
	3210 EVERGLADES BLVE	N		10 5
	NAPLES, FL 34120	Address		SECKETARY OF ST
		City/ State and Zip Code	<u></u>	
	WGAHOMES@YAHOO.CO	OM		ASS ASS
	E-mail address: (to be us	sed for future annual report	notification)	EE.
For further informa	ation concerning this matter, plea	se call:		FATE
GUILLERMO AL	ONSO	786 at (287-3561	
Name of Contact Person		Area Coo	de & Daytime Telephone Numb	er
Enclosed is a check	c for the following amount made	payable to the Florida Depa	ortment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	El\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

WGA HOMES INC				
(Name of Corporation as currently f	iled with the Florida Dept. of State)			-
P17000016684				
(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	erida Profit Corporation adopts the fol	llowing am	endmer	nt(s) to
A. If amending name, enter the new name of the corporation:				
		Thu	new	
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."		eviation "C	orp., "	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
-		SHCZ	20 14 D	e normana,
		> :: > ::	DEC	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	AHASSE	18 AHII: 5	
Name of New Registered Agent		<u> </u>	=	أسيا
		<u> </u>	5	
(Florida street	addressj	, ,		
New Registered Office Address: (Ci	, Florida	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with	and accept the obligations of the pos	ition.		

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), F.S.

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:

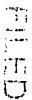
(Attach additional sheets, if necessary)

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>Joh</u>	<u>ın Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	WILLIAM ALONSO	3210 EVERGLADES BLVD N
X Add			NAPLES FL 34120
Remove			
2) Change			
Add			
Remove 3) Change			
Add			2024 DEC SECRET TALLA
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). (Be specific)

	11/21/2024	
The date of each amendment	(s) adoption:	, if other than the
date this document was signed.	11/21/2024	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date was Department of State's records.	all not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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)	
Dated 11 Signature	121/2024	SECRETARY OF STAT
(B)	y a director, president or other officer - if directors or officers have not been	35 ° 17
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court	RA E
ар	pointed fiduciary by that fiduciary)	MIII:
	(Typed or printed name of person signing)	51 FATE
	(Typed or printed name of person signing)	
	President	·
	(Title of person signing)	