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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

W.I.N. WORLD	WIDE INTELLIGE	NCE NETWORK DETECTIVE AGENCY CORPORATION	
DOCUMENT NUMBI		P17000044742	
The enclosed Articles of	f Amendment and fee are so	ubmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
		ILIANA DIAZ	
<del>-</del>	Name of Contact Person		
	W.I.N. Worldwide Intell	igence Network Detective Agency Corporation	
_		Firm/ Company	
		10651 SW 88 ST. SUITE 219	
_		Address	
		MIAMI, FL 33176	
_		City/ State and Zip Code	
	WinD	retectiveAgency@aol.com	
		sed for future annual report notification)	
	concerning this matter, please	305 519-8590	
Name of	Contact Person	at () Area Code & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Department of State:	
2 \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ameno Divisio P.O. B	ng Address diment Section on of Corporations ox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

## W.I.N. WORLDWIDE INTELLIGENCE NETWORK DETECTIVE AGENCY CORPORATION

	v filed with the Florida Dept. of State)
(Document Number o	f 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:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
(Florida str	eet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	RENE' LUIS DIAZ	10651 SW 88 ST., SUITE 219
Add			MIAMI, FL 33176
X Remove			
2) Change			- <del></del>
Add			
Remove			
3 ) Change		_	
Add			<del></del>
Remove			<del></del>
4) Change			<del></del>
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del> </del>	
<del>-</del>	
<del></del>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
<del> </del>	

,	11/19/2018	
The date of each amendment(s) addate this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment officient for approval.	(s)
	proved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	ient
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
1 Dated	1/19/2018	
Signature	- Manafiaz	
selecte	irector, president or other officer – if directors or officers have not been by by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	
	ILIANA DIAZ	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	