P170000 53495

(Red	questor's Name)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SOIN to WIN INC.
NAME OF CORPORATION: Spin to Win Inc. DOCUMENT NUMBER: P170060 53495
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brett Isaac Name of Contact Person
Name of Contact Person
Firm' Company
2151 University Bluds Address
Address
Tacksonville FL 32216 City/ State and Zip Code
City/ State and Zip Code '
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

Street Address

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

	to	5
	Articles of Incorporation	
	of	
		NC B
(Name of Co	orporation as currently filed with the Florid	a Dept. of State)
	P17000053495	
		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this Florida Profit Corpora	tion adopts the following amendmen
A. If amending name, enter the new name of	of the corporation:	
		Th.,
name must be distinguishable and southing	the word "corporation," "company," or "in	The new
"Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association,	t "Corp." "Inc." or "Co". A professional c	orporation name must contain the
B. Enter new principal office address, if ap	plicable:	
(Principal office address MUST BE A STREA		
C. Pater was malling address if a sulfaction		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF).		
(Maning agaress MAT HE AT OST OTTE	<u></u>	
	registered office address in Florida, enter th	he name of the
new registered agent and/or the new reg	istered office address:	
Name of New Registered Agent		
Name of New Augisterea Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang	ing Degistered Agent:	
	agent. I am familiar with and accept the oblig	vations of the position
the conference appointment and egimened	agent. I am juminar min and accept the own	garrons of the position,
		
	Signature of New Registered Agent, if chan	iging

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u> </u>	Nasif Albehara	920 (4,50+ Ave
Add Remove			Jacksonville, FL 3220S
2) Change	<u>v P</u>	Imad Wanes	July sonville, PL 322.
Add Remove 3)Change Add	-	George Rubboz	1523 Lane Ave
Remove 4) Change Add	VP	Donna Bullard	Jacksonville, FL 32210 1523 Lane Ave
Remove		•	Jacksonville, FL 3:2210
5) Change Add		-:-	
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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<u> </u>				
f an amendment provides for an exch provisions for implementing the ame	ange, reclassificație	on, or cancellatio	n of issued shares	<u>5.</u>
(if not applicable, indicate N/A)	in the contract of the contrac	med in the unitin	different figure	
				
· · · · · · · · · · · · · · · · · · ·	<u> </u>			
			-	

The date of each amendment(s) adoption: 3/18/19	, if other than the
date this document was signed.	, if other than the
3/18/19	
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 statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
☐ 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.	
Dated	
By a director, president or other officer – if 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)	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	
() mile of beroom definitely	