Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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|-------|--|-----|-------|-----|
| To:   | Division of Corporations   |     | دن .  | -   |
|       | Fax Number : (850)617-6380   | •   | 35    | Í   |
| From: |  | -   | <br>  |     |
|       | Account Name : FLORIDA MULTISERVICES, INC.                               | _   |       |     |
|       | Account Number : I20150000061  | . • |       |     |
|       | Phone : (786)290-3319  |     | O     |     |
|       | Fax Number : (305)645-2035   | , ; | יט י  | ,   |
|       | **Enter the email address for this business entity to be used for future | s T | ALLE  | ΞN  |
|       | annual report mailings. Enter only one email address please.**           |     |       |     |
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN WD & GP ENTERPRISES CORPORATION

| Certificate of Status | 0       |
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## **COVER LETTER**

TO: Amendment Section

|                      | MBER: P17000056523  MSER: P17000056523  Mes of Amendment and fee are surrespondence concerning this material materials of the |  |   |  |  |  |  |  |  |  |
|----------------------|--|--|---|--|--|--|--|--|--|--|
| DOCUMENT NU          | MBER: P17000056523  les of Amendment and fee are surrespondence concerning this ma   | atter to the following:  |   |  |  |  |  |  |  |  |
| The enclosed drtica  | Tes of Amendment and fee are surrespondence concerning this ma   | atter to the following:  |   |  |  |  |  |  |  |  |
|                      | GENESIS M PEREZ PAEZ   | atter to the following:  |   |  |  |  |  |  |  |  |
| Pléase return III co | GENESIS M PEREZ PAEZ   |  |   |  |  |  |  |  |  |  |
|                      |  | Name of Contact Person   |   |  |  |  |  |  |  |  |
|                      | WO & GD ENTERPRISES  | Name of Contact Person   |   |  |  |  |  |  |  |  |
|                      | WAY & GD ENTERPRISES (   |  |   |  |  |  |  |  |  |  |
|                      | WD & GP ENTERPRISES CORPORATION  |  |   |  |  |  |  |  |  |  |
|                      | Firm/ Company  |  |   |  |  |  |  |  |  |  |
|                      | 10734 NW 74 STREET   |  | <del></del> -   |  |  |  |  |  |  |  |
|                      | Address  |  |   |  |  |  |  |  |  |  |
|                      | DORAL FL 33178  City/ State and Zip Code   |  |   |  |  |  |  |  |  |  |
|                      |  | City/ State and Zip Code   | •   |  |  |  |  |  |  |  |
| fin                  | nultiservices@yahoo.com  |  |   |  |  |  |  |  |  |  |
|                      | E-mail address: (to be u   | sed for future annual report                                       | notification)   |  |  |  |  |  |  |  |
| For further informs  | tion concerning this matter, plea  | se call:   |   |  |  |  |  |  |  |  |
|                      |  |  | 6200252   |  |  |  |  |  |  |  |
| GENESIS MPERI        |  | at (786  | de & Daytime Telephone Number   |  |  |  |  |  |  |  |
|                      | ne of Coutact Person   |  | -   |  |  |  |  |  |  |  |
| Enclosed is a check  | for the following amount made  | payable to the Florida Depa  | utment of State:  |  |  |  |  |  |  |  |
| S35 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)  |  |  |  |  |  |  |  |
| A<br>D<br>P          | Mailing Address Amendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314   | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section in of Corporations Building xecutive Center Circle assee, FL 32301 |  |  |  |  |  |  |  |

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## Articles of Amendment to Articles of Incorporation of

| WD & GP EN                        | ERPRISES CURPURAT  | ION                        |                          |                            |  |               |
|-----------------------------------|--|----------------------------|--------------------------|----------------------------|--|---------------|
|                                   | (Name o  | of Corporation as curren   | atly filed with the Flor | ida Dept. of State)        |  |               |
| P1700C05652                       |  |                            |                          |                            |  |               |
|                                   |  | (Document Number           | of Corporation (if know  | wn)                        |  |               |
| Pursuant to the its Articles of I | provisions of section 607,<br>acorporation:                                      | 1006, Florida Statutes, th | is Florida Profit Corpo  | oration adopts the followi | ng amendn  | nent(s) to    |
| A. If amending                    | g name, enter the new na   | ame of the corporation:    |                          |                            |  |               |
| N/A                               | <del> </del>   |                            |                          |                            |  |               |
| "Corp.," "Inc.                    | distinguishable and con<br>" or Co.," or the design<br>d," "professional associa | ation "Corp," "Inc," or    | "Co". A professiona      |                            |  | วท            |
| B E 4                             | uutustust sääns määmses  | if applicable.             | N/A                      |                            |  |               |
|                                   | principal office address,<br>a address <u>MUST BE A S</u>                        |                            | <del> </del>             | <u></u>                    | <u> </u>   | (10)          |
|                                   | -  |                            |                          |                            |  | 770           |
|                                   |  |                            |                          |                            | <u>.</u>   | ်ပေ "<br>ႏ၁ " |
| C F-4                             | ni   | N-                         |                          |                            | •  | ا د           |
|                                   | mailing address, if appli<br>Idress <u>MAY BE A POST</u>                         |                            | N/A                      |                            |  | 50:1147       |
|                                   | ·  | -                          |                          |                            | •-   |               |
| ļ                                 |  |                            | •                        | *****                      | في ا   | g             |
|                                   |  |                            |                          |                            | مر، ۱ <u>.                                    </u> | ٠,٠           |
| D. If amending                    | g the registered agent an  | d/or registered office ad  | dress in Florida, enter  | the name of the            |  |               |
|                                   | red agent and/or the nev   |                            |                          | <del>.</del>               |  |               |
| Name                              | of New Registered Agent  | N/A                        |                          |                            |  |               |
|                                   |  |                            |                          |                            |  |               |
|                                   |  | (Florida :                 | street address)          |                            | -  |               |
| ]                                 |  | ,-                         | <b>,</b>                 |                            |  |               |
| New Re                            | egistered Office Address:  | <del></del>                | (City)                   | , Florida                  | Code)  |               |
| - 1                               |  |                            | ,                        |                            | . ,  |               |
|                                   |  |                            |                          |                            |  |               |
|                                   | d Agent's Signature, if cl   |                            |                          |                            |  |               |
| I hereby accept                   | the appointment as registe   | ered agent. I am familiai  | r with and accept the ol | ligations of the position. |  |               |
|                                   |  |                            |                          |                            |  |               |
|                                   |  |                            |                          |                            |  |               |
|                                   |  | Signature of New           | Registered Agent, if ch  | anging                     | -  |               |
|                                   |  |                            |                          | _ <b></b>                  |  |               |

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## H1800010 20843

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 D    | <u>ae</u>                |                      |
|-------------------------------|-----------|-----------|--------------------------|----------------------|
| X Remove                      | <u>v</u>  | Mike Jo   | <u>ones</u>              |                      |
| X Add                         | <u>sv</u> | Sally S   | <u>mith</u>              |                      |
| Type of Action<br>(Check One) | Title     |           | <u>Name</u>              | Address              |
| l) Change                     | D         | _         | DELGADO LOPEZ, WILLIAM A | 10734 NW 74th STREET |
| Add                           |           |           |                          | DORAL FL 33178       |
| X Remove                      |           |           |                          |                      |
| 2) Change                     |           | _         |                          | <del></del>          |
| Add                           |           |           |                          | ·                    |
| Remove                        |           |           |                          |                      |
| 3)Change                      |           | _         |                          | <del></del>          |
| Add                           |           |           |                          |                      |
| Remove                        |           |           |                          |                      |
| 4) Change                     |           | _         |                          |                      |
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| Remove                        |           |           |                          |                      |
| 5) Change                     |           | _ <b></b> |                          |                      |
| Add                           |           |           |                          | ·                    |
| Remove                        |           |           |                          |                      |
| න Change                      | -         |           |                          | <del></del>          |
| Add                           |           |           |                          |                      |
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|                                    | attional st,                            | ects, if ne                          | cessary).        | (Be specifi     | hange(s) here |                        |                  |                 |   |
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| The date of each amendment(s) adoption:  | , if other than the           |
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| date this document was signed.   |                               |
| Effective date if applicable:  |                               |
| (no more than 90 days after amendment file date)   |                               |
| Note: If the cate inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.  | ate 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 cast for the amendment(by the shareholders was/were sufficient for approval.  | s)                            |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statements to be separately provided for each voting group entitled to vote separately on the amendment(s):                            | ent                           |
| "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 | 3 <b>r</b>                    |
| action was not required.   |                               |
| Dated 3/28/20/8  |                               |
| Dated  |                               |
| (By a director, president or other officer — if directors or officers have not been  | <del></del>                   |
| selected, by an incorporator — if in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)  | t                             |
| appointed inductary by that inductary)   |                               |
| Genesis M. Penez Paez (Typed or printed name of person signing)  |                               |
|  |                               |
| President  |                               |
| (Title of person signing)  |                               |
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