P1700059743

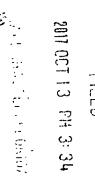
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COVER LETTER

Division of Corporations NAME OF CORPORATION: WS RESURFACE CORP P17000059743 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAFAEZ SIRMENTO OVEIRO GA DA SIZVA
Name of Contact Person WS RESURFALE CORP

Firm/Company

304 NW 4744 ST. POMPANO BEALY

Address POMPANO BEACH, FL 33.64

City/ State and Zin Code ddress: (to be used for future annual report notification) For further information concerning this matter, please call; PALAEL DE SILVA at (816), 730-0515

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: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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			FILEU
2111	RESURFALE	(~00	2017 OCT 13 PH 3: 34
(Name of	Corporation as currently fi	led with the Florida D	
(NAME VI	P1700053		The state of the s
	(Document Number of Co		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new nan	ne of the corporation;		
	N/A		The new
name must be distinguishable and conta "Corp" "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp," "Inc," or "Co	". A professional corp	rporated" or the abbreviation
B. Enter new principal office address, if (Principal office address MUST BE A STI		N/A	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O.)		N/A	
D. If amending the registered agent and new registered agent and/or the new		in Florida, enter the i	name of the
Name of New Registered Agent	N,	<u>/A</u>	
-	(Florida street o	J. L.	
New Registered Office Address:	N / A		Florida (Zip Code)
New Registered Agent's Signature, if chall thereby accept the appointment as register	anging Registered Agent: red agent. I am familiar with	and accept the obligat	ions of the position.
	Signature of New Regi	stered Agent, if changing	ıσ

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>John Doe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	CARLOS ROBERTO	304NW 47+W ST
X Add		WUTKIEWICZ JUNIOR	POMPANO BEACH FL
Remove			33064
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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amendment provides for an exc	hange reclassifica	tion or cancellation	of issued shares	
isions for implementing the am	endment if not con	tained in the amend	ment itself:	
(if not applicable, indicate N/A)				
	N/A			
· •,•	7 0 7 5 5 1			
				
	· · · · · ·			
		<u> </u>		

The date of each amendment(s) ado date this document was signed.	ption;	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ock does not meet the applicable statutory filing requirements, thartment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendaticient for approval.	aent(s)
	oved by the shareholders through voting groups. The following stately voting group entitled to vote separately on the amendment(s).	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and share	holder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and sharehold	er
Dated O 🖔 -	01.2017 oul Commando Quinoga Da Cha ector, president or other officer - if directors or officers have not be	
Signature Role	Wit of Maring almomal Pro	
(By a dire	ector, president or other officer – if directors or officers have not be	
selected,	by an incorporator – if in the hands of a receiver, trustee, or other	court
appointed	d fiduciary by that fiduciary)	2///2
(-	RAFAEL SARMENTO OVEIROGA X CARLOS ROBERTO WUTKIEWICZ JUA	المناهد
<u> </u>	(Typed or printed name of person signing)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	PRESIDENT	
	(Title of person signing)	