P180000 19753

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WSA LAND DEV	ELOPMENT, INC			
DOCUMENT NUMI	P18000019753				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	ESTELA MORALES				
		Name of Contact Person	1		
	AXIOM ACCOUNTING, PA				
		Firm/ Company			
	4951 Tamiami Trail N Suite	103			
		Address			
	NAPLES FL 34103				
		City/ State and Zip Code	e		
	emorales@axiomaccounting	na.com			
		sed for future annual report	notification)		
For further informatio	n concerning this matter, plea		(239)302-3788		
Name o	of Contact Person	at (Area Co) (239)302-3788 de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

WSA LAND DEVELOPMENT,INC		13.7 ****	1
(Name of Corporation as currently filed with the Florida Dept. of Sta	<u>te</u>)	က	- `=- ` -
P18000019753		8: 44	B
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	followi	ng amer	idment(s) to
A. If amending name, enter the new name of the corporation:			
		The	H2011
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mu "chartered," "professional association," or the abbreviation "P.A."			
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 in Florida, enter the name of the new registered agent and/or the new registered office address:	<u>e</u>	-	
Name of New Registered Agent		_	
(Florida street address)		_	
New Registered Office Address:, Florida	1		
(City)	ſZip	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 p	position.		

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed 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.

X Change	<u>PT</u>	John De	<u>oc</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	<u>v</u>	_	MATTHEW HELLSTERN	3475 E Glencoe Rd, Richfield, OH	
X Add				<u>-</u> .	
Remove					
2) Change		_			
Add					
Remove Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		-			
Add					
Remove					

	adding additional al sheets, if necessa	ry). (Be specif	ic)			
						<u> </u>
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		-				
				_ <u>-</u> -		 -
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		_			_	
an amendme	nt provides for an	exchange, recla	ssification, or e	ancellation of is	sued shares,	
<u>provisions</u> for	implementing the	amendment if n	ot contained in	the amendmen	t itself:	
(if not appi	icable, indicate N/A	()				
	_		-			
			•			
<u>.</u> .						

•

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file do	ite)
Note: If the date inserted in this b document's effective date on the Do	ock does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the afficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
12/20/2022 Dated	al Nontenesso	
selected	rector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, ced fiduciary by that fiduciary)	
	CALIXTO MONTENEGRO	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	