

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : ELO ENTERPRISES, INC  
Account Number : I20150000109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WEDO INC.

Certificate of Status	0
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June 18, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ELO ENTERPRISES, INC

SUBJECT: WEDO INC.  
REF: P18000021200

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III  
Amendment Section  
Amount charged: 35.00

FAX Aud. #: H19000183997  
Letter Number: 419A00012134

Articles of Amendment  
to  
Articles of Incorporation  
of

WEDO INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000021200

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

4700 NW BOCA RATON BLVD, SUITE 202

BOCA RATON, FLORIDA 33431

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

4700 NW BOCA RATON BLVD, SUITE 202

BOCA RATON, FLORIDA 33431

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:

Name of New Registered Agent ELO ENTERPRISES, INC.

4700 NW BOCA RATON BLVD, SUITE 202

(Florida street address)

New Registered Office Address: BOCA RATON

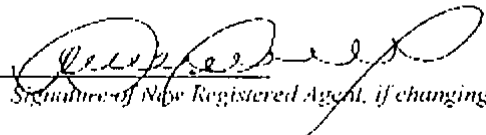
(City)

Florida

33431  
(Zip 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 position.*

  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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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 PTD 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 Doe

X Remove      V      Mike Jones

X Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P</u>	<u>WILLIAMS BRAMBILLA</u>	<u>4700 NW BOCA RATON BLVD</u>
<u>      </u> Add			<u>SUITE 202 - BOCA RATON</u>
<u>      </u> Remove			<u>FLORIDA 33431</u>
2) <u>X</u> Change	<u>VP</u>	<u>FABIO SEMEDO</u>	<u>4700 NW BOCA RATON BLVD</u>
<u>      </u> Add			<u>SUITE 202 - BOCA RATON</u>
<u>      </u> Remove			<u>FLORIDA 33431</u>
3) <u>X</u> Change	<u>S</u>	<u>HELDER ZOLA DOS SANTOS</u>	<u>4700 NW BOCA RATON BLVD</u>
<u>      </u> Add			<u>SUITE 202 - BOCA RATON</u>
<u>      </u> Remove			<u>FLORIDA 33431</u>
4) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>
5) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>
6) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>

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TALLAHASSEE, FLORIDA

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The date of each amendment(s) adoption: \_\_\_\_\_ if other than the date this document was signed.

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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.

JUNE, 06 2019  
Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

FABIO SEMEDO

(Typed or printed name of person signing)

VP

(Title of person signing)

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TALLAHASSEE, FLORIDA

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