10000024145

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COVER LETTER

TO: Amendment Section Division of Corporations	•					
NAME OF CORPORATION: WY I DOCUMENT NUMBER: 4180	MPROVEMENT COLP 00024145					
The enclosed Articles of Amendment and fee a	re submitted for filing.					
Please return all correspondence concerning thi	s matter to the following:					
WCLEITON,	MACIEL DE FRETTAS Name of Contact Person					
WV JMPROV	IEMENT 600					
6800 NW 39+6 LOT 462						
COONU	T CLEEK, St. 33073.					
	City/ State and Zip Code					
QUOTES(9	MATTOS DN WEARNEE. COM					
E-mail address: (to	be used for future annual report notification)					
For further information concerning this matter,	For further information concerning this matter, please call:					
WCLEITON	at (Area Code & Daytime Telephone Number					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:					
\$35 Filing Fee						
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

to Articles of Inco	rporation	
of	1 12-0	
WV IMPROV	ement Corp	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
PISA	DDD24145	
(Document Number of	Corporation (if known)	
,	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following:	amendment(s)
A. If amending name, enter the new name of the corporation:		
		·•••
name must he distinguishable and contain the word "corporation," "co		The new "Corp"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association." or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	2820) 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		·
The state of the s	,	; - :
	<u> </u>	•)
		-n : T
D. If amending the registered agent and/or registered office address	ess in Florida, enter the name of the) 2: 0 ³
new registered agent and/or the new registered office address:		٠ <u>٠</u> :
Name of New Registered Agent		
(Florida stre	ret address)	
March Description of Office Addresses	, Florida	
New Registered Office Address:((City) , Florida, City)	ide)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of Now R.	rgistered Agent, if changing	
aignuire of New Re	gailerea rigens, o changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Remove

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>300</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	S <u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	MGR	VILMA DE SOUSA SE CHANDES	COCONUT CREEN, FC 33073
X Add		FEMANIRES	COCONUT CHEEN 12 33073
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change			 -
Add			
Remove			
6) Change			
Add			

	(Be specific)
-	
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

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The date of eac	h amendment(s) adoption:	120 ·	, if other than the
late this docum	ent was signed.		
Effective date <u>i</u>	f applicable:		
	(no more than 90 day	s after amendment file date)	
	te inserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements, this date	te will not be listed as the
Adoption of Ar	mendment(s) (CHECK ONE)		
The amendm action was no	nent(s) was/were adopted by the incorporators, or board of required.	l of directors without shareholder action	on and shareholder
	nent(s) was/were adopted by the shareholders. The nun holders was/were sufficient for approval.	aber of votes east for the amendment(s)
	nent(s) was/were approved by the shareholders through arately provided for each voting group entitled to vote.		ent
"The n	umber of votes cast for the amendment(s) was/were su	fficient for approval	
by		·"	
	(voting group)		
	08/18/2020.		
	Dated	- '	
	Signature Wasilon (Monciel	Me Fridas	
	(By a director, president or other officer -		
	selected, by an incorporator – if in the han appointed fiduciary by that fiduciary)	ids of a receiver, trustee, or other cour	1
		N = C !==	
	WCETTON MACH	a retents	
	(Typed or printed name	e of person signing)	
	fleside	ML	
	(Title of person signing	į)	