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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Wellington Gold Buyers Inc DOCUMENT NUMBER: P1800040839
DOCUMENT NUMBER: P18000040839
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Abdallah Daas Name of Contact Person O.T. G. Enterprises Inc Firm/ Company 3133 Forture Way Ste 16 Address Wellington FL, 33414 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Abdollah Daas at (561) 818 - 1579 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 Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of		
Wellington Gold Buy			
(Name of Corporation	on as currently filed with the Florid:	i Dept. of State)	
Wellington Gold Buy (Name of Corporation P18000040839			
(Docum	ent Number of Corporation (if known	}	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporat	tion adopts the following amendmen	u(s) to
A. If amending name, enter the new name of the co	rporation:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the designation of the designati	" "Inc," or "Co". A professional combbreviation "P A." RESS)		FILED
D. If amending the registered agent and/or register new registered agent and/or the new registered of New Registered Agent		ne name of the	
	(Florida street address)		
	(1 minuta ancer audicessy		
New Registered Office Address:	(Cuv)	, Florida (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

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:	е, ана за	ny Smun, Sv. as an Aaa.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	0	Joseph Samara	3133 Forture Way Ste 15 Wellington FC 33414
2) Change Add Remove			
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add		-	
Remove 6) Change Add			
Remove			

	eets, if necessary). (Be specific)	nge(s) here:			
						• •
						
-						
 						
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-	-	 				•
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an amendment p	rovides for an ex	cchange, reclassif	ication, or cancell	ation of issued s	hares,	
provisions for imp	lementing the ar	mendment if not c	ication, or cancell contained in the a	ation of issued s mendment itself	hares, <u>:</u>	
provisions for imp	rovides for an ex- lementing the ar- ole, indicate N/A)	mendment if not c	ication, or cancell contained in the a	ation of issued s mendment itself	<u>hares,</u> <u>:</u>	
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f an amendment p provisions for imp (if not applicat	lementing the ar	<u>mendment if not c</u>	ication, or cancell contained in the a	ation of issued s	hares,	
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provisions for imp	lementing the ar	<u>mendment if not c</u>	ication, or cancell contained in the a	ation of issued s mendment itself	hares.	

,	The date of each amendment(s) adoption:, if other than 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 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 Abdallah Day Belal Higas
	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.
	Dated 08 07 18
	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)
	Abdallah Daas
	(Typed or printed name of person signing)
	OFF:cer
	(Title of person signing)