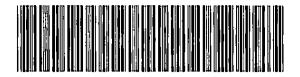
# P18000043199

(Requestor's Name)
(Address)
(Address)
(City/Code/Zie/Dhane 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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### COVER LETTER

Division of Corporations

NAME OF CORPORATION:

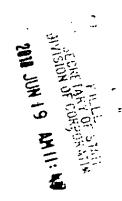
WE FREE LANCER GLOBAL TECH INC

DOCUMENT NUMBER:

P18000043199

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



	Name of Contact Person	
RIVADENEIRA AND A	ASSOCIATES INC	
	Firm/ Company	-
2742 SW 8 STREET SU	JITE 201	
	Address	
MIAMI FLORIDA 3313	35	
	City/ State and Zip Code	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clara Rivadeneira

TO: Amendment Section

305

643 2248

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 & Certificate of Status

□\$43.75 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment Articles of Incorporation



## WE FREE LANCER GLOBAL TECH INC

# (Name of Corporation as currently filed with the Florida Dept. of State) P18000043199

(Досип	nent Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>FI</i>	orida Profit Corporatio	n adopts the following amendi	nen
A. If amending name, enter the new name of the co	orporation:			
Wefreelancer Global Tech, Inc			The n	2141
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	" "Inc," or "Co	o". A professional cor	orporated" or the abbreviation	on
B. Enter new principal office address, if applicable	e:			
(Principal office address MUST BE A STREET ADL				
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u> )			-
D. If amending the registered agent and/or register new registered agent and/or the new registered		s in Florida, enter the	name of the	-
new registered agent and/or the new registered	office address.			
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address:			, Florida	
	(C	iny)	(Zip Code)	•
New Registered Agent's Signature, if changing Reg	vistered Agent:			
I hereby accept the appointment as registered agent.		h and accept the obliga	tions of the position.	
<del></del>	411 -			

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: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				<del></del>
Remove				
2) Change				
Add				<del></del>
Remove				
3 ) Change		<del>-</del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
- —				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an exch	ange, reclassification, or c	ancellation of issued shar	es,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amendment itself:	_
(y noi applicable, malcale (MA)			
	<del></del>		
	<del></del>		

• • •	05/15/2018	
The date of each amendment(	(s) adoption:	, if other than the
date this document was signed.		
J	05/15/2018	
Effective date <u>if applicable</u> :		
<del></del>	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date to Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder	
0.5	THE (2010)	
Dated 2	5/15/2018	
Signature	Justin A	
(B) sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	<del></del>
	LAMOTHE MILDORT	
	(Typed or printed name of person signing)	<u></u>
	PRESIDENT	
	(Title of person signing)	