P18000045948

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SECRETARY OF STATE DIVISION OF CORPORATION

JUN 1 1 2018 JUN 1 1 2018

COVER LETTER

FILED SECRETARY OF SIA! DIVISION OF CORPORATION

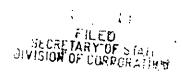
TO: Amendment Section Division of Corporations

289 JUN -7 AM 11: 19

NAME OF CORPORATION: WORSHOP868 C	CORP	
DOCUMENT NUMBER: P18000045948		· ·
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
MAGIORI BOSCAN		
<u> </u>	Name of Contact Person	1
	LOS TOS CON	<u>u</u>
5521 NW 112TH AVE AP	Г 115	
	Address	1
DORAL FL 33178		
	City/ State and Zip Code	
BOSCANMAGIORI@GMAIL.		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ase call;	
MAGIORI BOSCAN	at (²⁰¹	844-3830 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 of



WORSHOP868 CORP

2818 JUN -7 AM (1: 18

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

P18000045948

(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	itutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corpo	ration:
WORKSHOP868 CORP	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u> .	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	
, 1	(Florida street address)
New Registered Office Address:	, Florida
	() () () () () () () () () ()
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address .
1) Change			
Add			
Remove			
2) Change	 		
Add			
Remove			
3) Change			
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)
<u> </u>	
	.
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Dated June 04, 2018 Signature Magnori Joscan	
Signature Magnori Joscan	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
MAGIORI BOSCAN	
(Typed or printed name of person signing)	
President	
(Title of person signing)	