P18000059257

(Re	equestor's Name)	
(Ad	ldress)	-
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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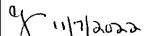
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: WINSPEED TECHNOLOGIES INC. P18000059257 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Timothy Lavin Name of Contact Person Winspeed Technologies Inc. Firm/ Company 1219 Florida Ave Suite D Address Palm Harbor, FL 34683 City/ State and Zip Code mlavin@winspeed.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Lavin Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filling Fee & ☐\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

> The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

2022 ///3 -1 /// 11:46

WINSPEED TECHNOLOGIES INC.			
(Name of Corporation as curren	tty filed with the Florida Dept. of State)		
18000059257			
(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s		
. If amending name, enter the new name of the corporation;			
	The new		
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc." or "Co", chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word		
. Enter new principal office address, if applicable:	1219 Florida Ave		
Principal office address MUST BE A STREET ADDRESS	Suite D		
	Palm Harbor, FL 34683		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1219 Florida Ave		
	Suite D		
	Palm Harbor, FL 34683		
Name of New Registered Agent New Registered Agent	dress in Florida, enter the name of the		
(Florida	street address)		
·			
New Registered Office Address:	(City) , Florida (Zip Code)		
iew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position.		
Sionature of New	Registered Agent, if changing		
heck if applicable			

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

Example:

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.

X_Change	<u>P1</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add	-		
Remove			

	ig additional Articles ets, if necessary). (E	Be specific)	<u></u> .		
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	ovides for an exchang	ge, reclassification	n, or cancellation	of issued shares,	
If an amendment pro		ment if not contai	ned in the amend	ment itself:	
provisions for imple	ementing the amendi				
lf an amendment pro- provisions for imple (if not applicable	e, indicate N/A)				
provisions for imple	e, indicate N/A)				
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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 tisted 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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"
by" (voting group)
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)
Timothy Lavin
(Typed or printed name of person signing)
President
(Title of person signing)