P18 0000 866640

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
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R. WHITE
JUIL 0 \$ 2019



COVER LETTER

TO: Amendment Section Division of Corporations

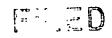
Tallahassee, FL 32314

	WRK LAB, INC				
NAME OF CORPOR					
P18000086640					
DOCUMENT NUMBER:					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	DANIEL GARCIA				
	WRK LAB, INC	Name of Contact Person	n		
	3605 NW 115 AVE	Firm/ Company			
	DORAL, FL 33178	Address			
		City/ State and Zip Cod	e		
DG	ARCIA@WRKLAB.COM				
	E-mail address: (to be used for future annua	al report notification)		
For further information	n concerning this matter, pleas	se call:			
DANIEL GARCIA		305	801 2356		
		at ()		
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi	ling Address endment Section ision of Corporations Box 6327	Ameno Divisio	Address dment Section on of Corporations 1 Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



2019 MAY 21 PM 5: 01

(Name of Corporation as currently filed with the	Florida Dept. of State)	- 6	
1000000040			
(Document Number of Corporation	(if known)	-	
rsuant to the provisions of section 607.1006, Florida Statutes, the corporation:	is corporation adopts the	following ame	ndment(s) to its A
If amending name, enter the new name of the corporation:			
·			The n
me must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional co "P.A."	corporated" c rporation nan	or the abbreviatione must contain to
. Enter new principal office address, if applicable:	3605 NW 115 AVE		
Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33178		
. Enter new mailing address, if applicable:	3605 NW 115 AVE	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
	DORAL, FL 33178		
. If amending the registered agent and/or registered office ade	Iress in Florida, enter the	name of the	
new registered agent and/or the new registered office address	ss:		
Name of New Registered Agent			
(Florida .	street address)		
(Florida : New Registered Office Address: (Civ	, Flo	rida	Code)

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One) 1) Change x Add Remove	<u>Title</u> VP OF DESIGN	Name SARAH RICHWAGEN	Address 3605 NW 115 AVE DORAL, FL 33178
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 Articles, enter cl (Attach additional sheets, if necessary). (Be specif	fic)
	_	
-		
		
		<u> </u>
•		
-		
	-	
		·
Γ	an amendment provides for an exchange, reclassi	fication, or cancellation of issued shares.
)	rovisions for implementing the amendment if not o	contained in the amendment itself:
	(if not applicable, indicate N/A)	
•		
		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed. 5/16	6/19	
Effective date if applicable:	(no more than 90) days after amendment file date)	<u></u>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopty the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
☐ The amendment(s) was/were appropriately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 05//	6/19	
Signature	26	
(By a di	rector, president or other officer – if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	CED	
	(Title of person signing)	