P18000091231

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TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Win English Inc				
NAME OF CORPORATION: Win English Inc. DOCUMENT NUMBER: P180000 91231				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Win English Name of Contact Person				
Name of Contact Person Win English Inc Firm/ Company				
500 LAmbian Ce G. #208 Address				
Naples FL 34108 City/ State and Zip Code				
E-mail address (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Winified Schirmuster at (917) 224-2525 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:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Articles of Amendment to Articles of Incorporation of

Win English	Inc. 278. 11 1110:51
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1800009123	1
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/K	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1/a
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
D. If amending the registered agent and/or registered office address: Name of New Registered Agent NAME OF New Registered Agent	ess in Florida, enter the name of the
(Florida stree	at oddrass)
\mathcal{L}	
New Registered Office Address: 12/R	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Signature of New Registered Registered Agent.	ith and accept the obligations of the position. gistered Agent, if changing
	smerca agem, y changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example of the content of the conten	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)

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 Remove X Add SV Sally Smith Type of Action (Check One) Title Name Address Address Tulia Schirmaister 168 Stewben St # 2 Breaklyn My 11205 108 Ateuban It # X Add Remove Longe S Julia Schirmaister Add Remove Add Remove	X Change	<u>PT</u>	John Doe	
Type of Action (Check One) 1) _ Change	X Remove	<u>v</u>	Mike Jones	
(Check One) 1) Change	X Add	<u>sv</u>	Sally Smith	
2) Change		<u>Title</u>	<u>Name</u>	
2) Change	1) Change		Julia Schirrmuister	108 Stewben St # 20
Add Remove 4) Change Add Remove 5) Change Add Remove 6) Change Add	Remove 2) Change	5	Julia Schirrmeister	Brooklyn Vy 11205 108 Stewben St # 20 Brooklyn Ny 11205
Remove				
5) Change	Remove 4) Change			
6) Change Add	5) Change			
U nomen in	6) Change			

If amen (Attach 4	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)
(ittuen t	
	N/A
-	····
	-
	
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<u>If an an</u>	dment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisi</u>	s for implementing the amendment if not contained in the amendment itself:
	applicable, indicate N/A)
_N/.	
/	

The date of each amendment(s) adoption:	July 9, 2020	, if other than the
date this document was signed.	a	
Effective date <u>if applicable</u> :	ily 9,2020	
	icly 9, 2020 Ino more than 90 days after amendmen	t file date)
	s not meet the applicable statutory filing re	equirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by t action was not required.	he incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for		for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The ing group entitled to vote separately on the	
"The number of votes cast for the ar	mendment(s) was/were sufficient for approv	al
by		.**
(1	voting group)	_
selected, by an ir	resident or other officer – if directors or officer of a receiver, transport of the receiver o	
	Winifred Schier meiste (Typed or printed name of person signing	Win English
	President	
	(Title of person signing)	