P18000101133

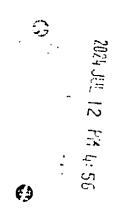
(Reque	estor's Name)				
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<u>COVER LETTER</u> .
FO: Amendment Section Division of Corporations
NAME OF CORPORATION: FOX Winds Solvions 11, INC
DOCUMENT NUMBER: P18000101133
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jaha Da laa dillo Name of Contact Person For Winds Solutions II, INC
Firm/ Company
4846 N University Drive Hogy Address
Lauduchill, FL 3335 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (754) Q63-1116 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) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FOUR WINDS SO	NUTIONS TIME		
	s currently filed with the Florida	Dept. of State)	
P18000101	133		
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statts Articles of Incorporation:	tutes, this <i>Florida Profit Corporati</i>	on adopts the follo	owing amendment(s) t
A. If amending name, enter the new name of the corpor	ration:		
FOUR WINDS PUBLIC AD	USTERS, INC		The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	ration," "company," or "incorpora "Co". A professional corporati		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>ss</u>) <u>u/A</u>		
C. Enter new mailing address, if applicable:			Q9
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>	122
	•	•; • :•	=
			12
		<u>.</u>	
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		e name of the	
· · · · · ·	L. A	.;	56
Name of New Registered Agent	N/1 ¹	<u> </u>	
	(Florida street address)		
	11 /4	, Florida	
New Registered Office Address:	(City)	, riolida	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		ations of the posit	ion
receity accept the appointment as registered agent. I am	Jamma Will and accept the bong	unons of the positi	
	NIA		
Signature	N/A e of New Registered Agent, if chang	ing	 -
Signulare	og trom trogramer om rigorin, ij britang		

Check if applicable

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

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice i Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector titl President Chief Fi ector wo in the fo ves the c	sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= T inancial Officer. If an officer/director holds more that uld be PTD. llowing manner. Currently John Doe is listed as the orporation, Sally Smith is named the V and S. These.	rustee; C = Chairman or Clerk; CEO = Chief n one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		- N/A	
Add		,	
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			 -
Add			
Remove			
5) Change			

___ Add

____ Remove

6) ____ Change

____ Add

	if necessary). (B	e specific)			
			NIA		
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			<u> </u>		
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an amendment provid	les for an exchang	e, reclassificati	on, or cancellation	of issued shares,	
orovisions for impleme (if not applicable, in	nting the amendm	ent if not conta	ined in the amend	ment itself:	
— (іј посаррисаоте, т	iaicale IVA)				
		N/A			
		200			

The date of each amendment(s) adoption in the comment was signed.	on:	6/27/2024	, if other than the
Effective date <u>if applicable</u> :	(no more the	NJA an 90 days after amendment file d	date)
Note: If the date inserted in this block of document's effective date on the Departm			ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	by the incorporators.	or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie		The number of votes cast for the	e amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each			
"The number of votes cast for th	ne amendment(s) was	s/were sufficient for approval	
by	 ,		
	(voting group)		
selected, by		officer – if directors or officers h in the hands of a receiver, trustee iary)	
	(Typed or prin	Delgacillo ned name of person signing)	
	(Title of perso	dent n signing)	