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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	WEEKS A	ND POINTS SOLUTION	ONS INC	
DOCUMENT NUMBER:	CUMENT NUMBER: P19000015245			
The enclosed Articles of Amena	Iment and fee are sul	bmitted for filing.		
Please return all correspondence	concerning this mat	ter to the following:		
	ı	MAY CAMPBELL		
- -		Name of Contact Perso	en	
	<u> </u>	Firm/ Company		
	38	817 S NOVA RD STE	104-137	
		Address		
	P	ORT ORANGE FL 32	127	
		City/ State and Zip Cod	le	
	\	N EEKSANDPOINTS@	DGMAIL.COM	
E-ma		ed for future annual report		
For further information concerni	ng this matter, please	e call:		
MAY CAMPBELL		at (386	₃ 271-8118	
Name of Contact	Person		xle & Daytime Telephone Number	
Enclosed is a check for the follow	wing amount made p	ayable to the Florida Depa	artment of State:	
	3.75 Filing Fee & rtificate 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

WEEKS AND POINTS SOLUTIONS INC

(<u>Name of</u>	Corporation as currently f	iled with the Florida Dep	t, of State)		
P19000015	5245					
	(Document Number of C	Corporation (if known)				
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	XX6, Florida Statutes, this FL	orida Profit Corporation a	dopts the f	ollowing	amene	dment(s) to
A. If amending name, enter the new nam	e of the corporation:					
N/A					The i	неж
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," or "Co	". A professional corpor	orated" oi ation name	the abl	brevia	tion
B. Enter new principal office address, if		1W/A		·		
(Principal office address <u>MUST BE A STR</u>	REET ADDRESS)					_
						~ _
						_
C. Enter new mailing address, if applica		N/A				
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX)		····			
						_
D. If amending the registered agent and/o		s in Florida, enter the nam	ne of the			
new registered agent and/or the new r	egistered office address:					
Name of New Registered Agent	MAY CAMPBELL					
	3817 S NOVA RD 5	STE 104-137				
	(Florida street	address)				
New Registered Office Address:	PORT ORANGE		, Florida	32127		
	{Ci	(k)	, <u> </u>	(Zip Co	de)	
					19	
Non-Berlatanal kanada Cina ayar 18 d	.			· · · · · · · · · · · · · · · · · · ·		
New Registered Agent's Signature, if char hereby accept the appointment as registere	nging Registered Agent: ed agent. I am familiar with	and accept the obligation.	s of the no	ition	S	
	*	,	3 1.55		ယ်	TED
					?	:::
	May Campbell				⊒E ÇP	
	Signature of New Regi	stered Agent, if changing		12		

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>14</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	P ——	AMY N JONES	3817 S NOVA RD STE 104-137
Add X Remove			PORT ORANGE FL 32127
2) Change X Add	Р	MAY CAMPBELL	3817 S NOVA RD STE 104-137 PORT ORANGE FL 32127
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		-	

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	<u>f amending or adding additional Art</u> Attach <i>additional sheets, if necessary</i>).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	provisions for implementing the ane	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
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, the document's effective date on the Department of State's records.	ais 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 amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st 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" (voting group)	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated 09/30/2019	
Signature May Campbell	
(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 othe	
appointed fiduciary by that fiduciary)	
MAY CAMPBELL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	