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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Weeks And Points Management Corp 0000 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, pleas; call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52,50 Filing Fcc Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is circlosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

	of		2019 01" -7, P1 14 29
Weeks And	Points	Manag	rement Com
(Name of Co	orporation as currently	filed with the F	lorida Dept. of State)
P 19	0000	11007	<i>7</i>
V	(Doctment Number of	Corporation (if k	nown)
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	5. Florida Statutes, this I	Florida Profit Col	rporation adopts the following amendment(s
A. If amending name, enter the new name of	of the corporation:		
WAPM (a	m		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "C	Co". A professio	or "incorporated" or the abbreviation
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u> )			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
D. If amending the registered agent and/or new registered agent and/or the new reg			iter the name of the
Name of New Registered Agent		•	
	(Florida stre	vet address)	
New Registered Office Address:			Florida
	(	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			e abligations of the position
тистор ин серь на харгининени из гездълетва	Section 1 and January	an com co ce pa me	e viziganizite og tile pesativit.
	Signature of New Re	egistered Agent, ij	f changing

address of each Office (Attach additional sheet Please note the officerlo P = President; V= Vico Executive Officer; CFO held, President, Treasw Changes should be note	r and/or D ts, if necess director titte e President ) = Chief I rer, Directo ed in the fo eaves the c	Director being a sary)  le by the first leta; T= Treasurer  Financial Office or would be PTL   Howing manner orporation, Sall	et of the office title:  S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief  If an officer/director holds more than one title, list the first letter of each office  Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is  much is named the V and S. These should be noted as John Doe, PT as a Change.
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
I) Change			
Add			
Remove			
2)Change			
Add			
Кетюче			
3 ) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

\_\_\_ Remove

If amending or adding additional Articles,	enter change(s) here:
(Attach additional sheets, if necessary). (Be	e specific)
	<u></u>
-	· i
If an amendment provides for an exchange	e, reclassification, or cancellation of issued shares,
provisions for implementing the amendme	ent f not contained in the amendment itself:
(if not applicable, indicate N/A)	
	············
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	1

The date of each amendment(s) adoption:	, if other than the
and this document was righted.	
Effective date <u>if applicable</u> :	la detta)
(no more man 47 actys egier timenament fi	w mae)
Note: If the date inserted in this block does not neet the applicable statutory filing requidecument's effective date on the Department of State's records.	rements, this 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 east for by the shareholders was/were sufficient for approval.	the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The famust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	n and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	l shareholder
Dated 10 2 19	
Signature Narther albany	
(By a director, president or other officer fail directors or officers selected, by an incorporator – if in the hands of a receiver, truste	
appointed fiduciary by that fiduciary)	ee, or other count
Heather Albany	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	