## 0032031

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA		, GROUP INC.			
DOCUMENT NUMBER	P19000032031 R:				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ndence concerning this ma	itter to the following:			
W	WALTER ICAZA				
WI	RS FINANCIAL GROUP	Name of Contact Person INC.	<u> </u>		
100	)70 NW 86TH TER	Firm/ Company			
DC	Address DORAL, FL 33178				
<del></del>	City/ State and Zip Code				
W	WALTER.ICAZA@ICLOUD.COM				
_	E-mail address: (to be us	sed for future annual report	notification)		
For further information co	oncerning this matter, pleas	se call:			
WALTERICAZA		321 at (	356-8085		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

WRS FINANCIAL GROUPING.

	rently filed with the Florida I	Dept. of State)	<del></del> _
P19000032031			
(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corporatio</i>	$m{n}$ adopts the following amendm	ent(s) to
A. If amending name, enter the new name of the corporation	n:		
		The nev	ı.
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "	". A professional corporatio	ed" or the abbreviation "Corp., in name must contain the word	 d
B. Enter new principal office address, if applicable:		2021	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		7	
			) areat
	<del>-</del>		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		بي ـــــ	
		ن - ن	)
	<del></del>		
	· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registered office	address in Florida, enter the	name of the	
new registered agent and/or the new registered office add	dress:		
Name of New Registered Agent			
(Flori	da street address)	<u></u>	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A			
Thereby accept the appointment as registered agent. I am fami		tions of the position.	
Simulation CV			
Signature of N	ew Registered Agent, if changin	g.	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	(11) (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.

Example:

X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action	<u>Title</u>		Name	<u>Addres</u> s
(Check One)  1) Change	VP		ROCSINA CONCEPCION	10070 NW 86TH TER,
_		_		DORAL, FL., 33178
X Add X Remove				
2) Change				
Add		_		
Remove Change		_		
Add				
Remove				
4) Change	-	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
·	
· <del>_</del>	
-	
an amendment provides for an exchiprovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
(if not applicable, indicate N/A)	
<del></del>	
	<del></del>

	. 06-29-2021	
The date of each amendment(s) a	deption:	, if other than the
date this document was signed. 06-	29-2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
<b>Note:</b> If the date inserted in this I document's effective date on the D	plock does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	reholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The followard each voting group entitled to vote separately on the amendate.	wing statement nent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Signature (Dy a d	29 - 20.25  all all all all all all all all all al	ve not been or other court
	(Title of person signing)	<del></del>