## P190000 64905

(Requestor's Name)				
(requestors runne)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
,				
<u></u>				
Special Instructions to Filing Officer:				
all per signed by old				





300334332583

03/23/19--01.57--014 ★•-5.11

19 MOV -8 FIT 4: 31

Come Change

## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	WHISPERING PIN	ES RANCH, INC.		
DOCUMENT NUMB	D10000064905			
	of Amendment and fee are sub	mitted for filing.		
Please return all corres	pondence concerning this matt	er to the following:		
	BARBARA RUIZ-GONZALI	EZ		
		Name of Contact Person	<del></del>	
	RUIZ-GONZALEZ LAW PL	LC'		
		Firm/ Company		
	PO BOX 833059			
		Address		
	MIAMI, FL 33283			
		City/ State and Zip Code	:	19 /
				8- AUN 61
barba	ra@ruizgonzalezlaw.com			cn L
	E-mail address: (to be us	ed for future annual report	notification)	•
For further information	on concerning this matter, pleas	se call:		F# 4: 31
BARBARA RUIZ-GONZALEZ		305	) 814-4224 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Fitting Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address  Amendment Section Division of Corporations P.O. Box 6327 Tallabasson, FL 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle		

Tallahassee, FL 32301



October 10, 2019

BARBARA RUIZ-GONZALEZ RUIZ-GONZALES LAW PLLC PO BOX 833059 MIAMI, FL 33283

SUBJECT: WHISPERING PINES RANCH, INC.

Ref. Number: P19000064905

We have received your document for WHISPERING PINES RANCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only time the incorporator can sign is when you do not have any officers or directors. You currently have 2 directors so one of them will need to sign the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 019A00020915

Diane Cushing Senior Section Administrator

019 NOV - 8 (\*\* 113 19

## Articles of Amendment to Articles of Incorporation of

WHISPERING PINES RANCH, INC.			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P19000064905			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Iorida Profit Corporation adopts the follow	ving amen	idment(s) to
A. If amending name, enter the new name of the corporation:			
WHISPERING PINES RANCH WPR INC.		The	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o . A projessional corporation name in	r abbrevio ist contair	ation n the
B. Enter new principal office address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS )			
C. Enter new mailing address, if applicable:		3	÷
(Mailing address MAY BE A POST OFFICE BOX)		3	<del></del>
			<del></del>
		ထ	, E
	<del>/</del>	.J.	프유막
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the	-	ガル: ある:
new registered agent and/or the new registered office address:		$\frac{3}{2}$	35
Name of New Registered Agent			35
tFlorida stre	vet address)		
New Registered Office Address:	Florida		
New Registerea Office Address.	(City)	Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar s	with and accept the abligations of the posit.	юл.	
Thereby accept the appointment as registered agent. Tam jamulars	in the accept the magains by the p		
Signature of New k	egistered Agent, if changing		

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 = ChiefExecutive 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	$\underline{V}$	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change			<del></del>		/
Add					
Remove					
2) Change					
Add			/		
Remove					
3) Change					
Add		,			<del>-</del>
Remove					
4) Change				<del></del>	
Add				<del></del>	<u>.</u>
Remove				<del></del>	
5) Change		_			
Add					
Remove				<del></del>	
б)Change		<u>/</u>			
Add	/			<u> </u>	
Remove					

<u>If amending or adding a</u>	<u>dditional Articles, ente</u>	r change(s) here	:		
Attach additional sheets.	if necessary). (Be spec	cific)		/	
			/		
	_			<u> </u>	
<del> </del>					
		/			
	<del>-</del>				
		/			
	,				
				<del></del> -	
	— <i>—</i> —	<u> </u>			<del>-</del>
	— <del>/</del>		<del></del>		
	<del>/</del>				
				<u></u>	
	<del>,/</del>				
		<del></del>			
<u>If an amendment provi</u>	ides for an exchange, re	<u>classification, or</u>	<u>cancellation of</u>	issued shares.	
provisions for implem	enting the <u>amendment</u>	if not contained	in the amendme	nt itsell:	
(if not applicable.	indicate N/A)				
			_		
		/			
		$\overline{}$			
		/			
. /					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendments:	statement s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
Dated10/26/2019	
Signature Frank A. Calorl	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
FRANK A. CARBONE	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	·-·