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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: One Stop Impact W&D INC
DOCUMENT NUMBER: P190000 76416
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pablo G. Ruiz Name of Contact Person
Name of Contact Person
One Stop Impact W&D IN
2801 NE 9th Ave
Address
Pompano Beach FL 33064
City/ State and Zip Code
Pompano Beach FL 33064 City/ State and Zip Code Pruiz 89@live.com
E-mail Address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pablo G. Ruiz al 954, 789-9492
Name of Contact Person 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) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

	of			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
One Stop Ir	npact	W & O	INC.	
(Name of Corpora	ation as currently	filed with the Flori	da Dept. of State)	c:
P19 0001	076416			
(Doc	cument Number of C	Corporation (if know	rn)	
ursuant to the provisions of section 607,1006, Flor s Articles of Incorporation:	rida Statutes, this F	lorida Profit Corpo	ration adopts the fol	lowing amendment(s)
. If amending name, enter the new name of the	corporation:			
				The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co. ord "chartered," "professional association," or th	rp," "Inc," or "C he abbreviation "P	o". A professional		
. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET AL</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	PAV)			
Winning unaress MAT BE A POST OFFICE I	<u> </u>			
				· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered	tered office addre	ss in Florida, enter	the name of the	
new registered agent and/or the new registere	ed office address:			
Name of New Registered Agent		4414-774-4-4-4174-4-4		
	(Florida stree	t address)		
New Registered Office Address:			, Florida	
	(0	Tity)		(Zip Code)
ew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent		th and accept the ob	ligations of the posi	tion.
		·		
Sig	gnature of New Rey	gistered Agent, if ch	anging	

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	PTDCEO Publo G. Ruit	2801 NE 9H Ave Pompano Beach FC 33069
X Add		Pompano Beach FC 3306
Remove		
2) Change Add	VTRCCFO Fernando Coleman	2801 NE 9th Ave Pompano Beach FC 3306
Remove		
3) Change		
Add		
4) Change		
Add		
5) Change		
Add		
		.,
6) Change Add		
Remove		

(Attach additional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)	
<u></u>		
	# ************************************	
	M	
		<u></u>
If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,	
provisions for implementing the am	nendment 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, this date wi document's effective date on the Department of State's records.	ll 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 the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated 10/17/19 Signature August	
(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 other court appointed fiduciary by that fiduciary)	
Pablo Ruiz	
(Typed or printed name of person signing) President (EO)	
(Title of person signing)	