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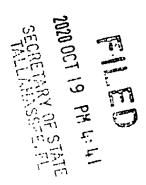
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	•
NAME OF CORPORATION: WINLE	NOT Adventure, INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
13120 Largo	Name of Contact Person  KNUT Adventure  Firm/ Company  Zidge IZd  Address  HL 33778  City/ State and Zip Code  adventure @ smail. Company  ased for future annual report potification)
For further information concerning this matter, plea	ase call:
Name of Contact Person	at ( 727 ) (47 935 )  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee  \$\sum \text{S43.75 Filing Fee & Certificate of Status}	Certified Copy (Additional copy is enclosed)  Captified Copy (Additional copy is enclosed)  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		
Winetho	of Udventure	- Introduction philitial	
( <u>Name of Corporati</u>	on as currently filed with the F	lorida Dept. of State)	
		SECRETARY OF STATE	
(Docum	nent Number of Corporation (if k	nown)	
arsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this Florida Profit Cor	poration adopts the following amendm	nent(s
If amending name, enter the new name of the co	orporation:		
		The new	
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	" or "Co". A professional cor	orporated" or the abbreviation "Corp., poration name must contain the wor	rd
Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u>			
<b></b>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
	·		
. If amending the registered agent and/or register		iter the name of the	
new registered agent and/or the new registered	omce address:		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	<u>,                                      </u>		
	(Florida street address)		
New Registered Office Address:	(City)	, Florida (Zip Code)	
	(Ciỳ)	(гір Сойе)	
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		a abligations of the position	
иегену ассері іне арронитені их гезімегей адені.	тит јатинат мин ана иссерстве	ennigations of the position.	
Signo	ature of New Registered Agent, if	changing	
heck if applicable			
The amendment(s) is/are being filed pursuant to s. (	507.0120 (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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title Mc	Name KenlGillespie	Address
!) Change		- Next Chiaspie	Senunde FZ
Remove			33777
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del>-,,-</del> -,-		
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

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f an amendment provides for an e	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	mendment if not contained in the amendment itself:
f an amendment provides for an expressions for implementing the a (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
provisions for implementing the a	mendment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 10 14 2020	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	ction and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
Dated	
Signature  (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	ouit
mary Toll	
(Typed oriprinted name of person signing)	·
(Typed oriprinted name of person signing)  Pusident	
(Title of person signing)	