P20 000029145

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: United Wholesald	e Solutions Inc		
DOCUMENT NUM	BER: P20000029145			
The enclosed Article	es of Amendment and fee are su	ubmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	Keenan Kelly			
		Name of Contact Perso	n	
	United Wholesale Solution	ns inc	-	
	· • • • • • • • • • • • • • • • • • • •	Firm/ Company		
	1216 SE 10th st			
		Address		
	Ocala, FL 34471			
	_	City/ State and Zip Cod	e	
	Keenan@unitedwholesale	solutions.com		
	<u> </u>	sed for future annual report	notification)	
	ion concerning this matter, plea		040 4044	
Keenan Kelly		at (812-4241 	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
Р.(O. Box 6327		entre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

United Wholesale Solutions Inc.

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P20000029145			
-	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the followi	ng amendment(s
A. If amending name, enter the new n	ame of the corporation:		
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviat A professional corporation name must conta	
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S	TREET ADDRESS)	• •	702
			- Cu)
C. Enter new mailing address, if appl			· 0 11
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)	<u>.</u>	<u>ー</u>
			0
D. If amonding the registered agent agent	allow magistawall office ask	duces in Ellevide, automatic annua afabra	
 If amending the registered agent are new registered agent and/or the new registered agent are new registered agent are new registered. 			
Name of New Registered Agent	Paul T Skinner		
	1216 SE 10th st		_
	tFlorida s	treet address)	_
New Registered Office Address:	Ocala	. Florida	
	•	(City) (Zip	Code)
New Registered Agent's Signature, if c	hanging Registered Agen	ı¢•	
		with and accept the obligations of the position.	
	Maria		
-1-1A	Stenature of New	Registered Agent, if changing	_
!/	1,	e n vin enama	

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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office h President. Treasurer, Director would be <math>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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Mikhalea M Hack	1216 SE 10th st
Add X Remove			Ocala, FL 34471
2) Change			
Add			
Remove Change			
Add			
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			

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	adoption:	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amen sufficient for approval.	dment(s)
	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendments.	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selec	director, president or other officer – if directors or officers have no ed, by an incorporator – if in the handr of a receiver, trustee, or oth nted fiduciary by that fiduciary) Keenan B Kelly	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	

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