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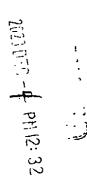
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: WILSON CASTAN	NEDA CORP				
DOCUMENT NUMBE						
The enclosed Articles of	"Amendment and fee are sul	bmitted for filing.				
Please return all correspondent	ondence concerning this mat	tter to the following:				
W	/ILSON CASTANEDA GU	TIERREZ				
_		Name of Contact Perso	n			
W	WILSON CASTANEDA CORP					
_		Firm/ Company				
26	0931 SW 376 ST					
		Address				
Н	OMESTEAD, FL 33034					
_		City/ State and Zip Coc	de			
h	ATTYSACCTAX@LIVE.C	COM				
_	E-mail address: (to be us	ed for future annual repor	t notification)			
For further information of	concerning this matter, pleas	se call:				
WILSON CASTANED	A GUTIERREZ	at (886-9310			
Name of	Contact Person		ode & Daytime Telephone Number			
Enclosed is a check for t	he following amount made [payable to the Florida Dep	partment of State:			
■ \$35 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)			
Amen Divisi P.O. E	ng Address diment Section on of Corporations dox 6327 assec, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

WILSON CASTANEDA CORP

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as curr	ently filed with the Florida	Dept, of State)	
P20000061250			
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation	on adopts the followi	ing amendment(s)
A. If amending name, enter the new name of the corporation	<u>ı:</u>		
			The new
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 "F	". A professional corporation		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
			
			025 [
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			P
			رة ج
			~~~
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		e name of the	
Name of New Registered Agent			
			
(Floria	la street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		. Florida	
new negistered Office Address.	(Cin)		Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famili		utions of the position	
		,	
Simuture of M.	w Registered Agent, if chang	iner	_
•	· в подълетей Адень, у снинд	ıng	
Check if applicable			

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.

X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	V	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) X Change	P		WILSON CASTANEDA GUTIERRI E PE	1220931 SW 376 ST
Add		_	Wilson Castaneda Ceutierrez	HOMESTEAD, FL 33034
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
		_		
Add Remove				

Attach ada	n <mark>g or adding additional</mark> litional shects, if necessa	ry). (Be specific)			
<u> </u>					
		<u>-</u>			
	<u>.</u>				
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<u>If an ame</u>	ndment provides for an	exchange, reclassif	fication, or cancel	lation of issued s	hares,
provision	s for implementing the	amendment if not	contained in the a	mendment itself	<u>. </u>
(y no	t applicable, indicate N/;	4)			
-					
					
					<u> </u>
	<u> </u>				

The date of each amendment(s date this document was signed.) adoption:, if other	than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be list Department of State's records.	ed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
DatedSignature	020 Me e September 1	
(P/S selo	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	WILSON CASTANEDA	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	