## P2000076895

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2020 OCT 21 AM 9: 08

SECRETARY OF STATE

10/22/20

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: WETTIK ENTERPRISES, FNC DOCUMENT NUMBER: P200000 76895 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ą. Name of Contact Person WETTIK ENTERPRISES, INC
Firm/Company
4911 82 nd PL E
Address SARASOTA FL 34243 City/ State and Zip Code rwetzell Camailicom
il address: (to be used for future apriual report notification) For further information concerning this matter, please call: DOUG WETZEL at (954) 873 - 9477

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: □\$43.75 Filing Fee & \$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

**Mailing Address** 

**TO:** Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment S

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Street Address

## **Articles of Amendment**

to
Articles of Incorporation of

## FILED

WETTIK ENTERPRISES	INC. 2020 OCT 21 AM 9:08
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
(Name of Corporation as current)  P20000076895  (Document Number	ntly filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE, FL
(Document Number	r of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	
$\sqrt{4}$	The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P./3. Enter new principal office address, if applicable:	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
Principal office address MUST BE A STREET ADDRESS )	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office ac	ddress in Florida, enter the name of the
new registered agent and/or the new registered office/addre	ess:
Name of New Registered Agent NAME	
(Florida	street address)
New Registered Office Address:	(City) , Florida (Zip Code)
lew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
4//2	
Bignature of New	v Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	$\underline{\vee}$	STEPHEN FOJTIK	491182"0 PLE
🔀 Add			SARASOTA
Remove			FLORIDA 34243
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			<u>.</u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional onal sheets, if necessa	ry). (Be specific)			
	N/A				
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fan amend <del>n</del>	ent provides for an	erchange, reclassif	ication or cancell	ation of issued sha	TAL
<u>provisions fo</u>	or implementing the	<u>amendment if not o</u>	contained in the ar	mendment itself:	1 (.5)
(if not ap	plicable, indicate NA	i) 1/4			
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The date of each amendment(s) adoption:
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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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"  (voting group)
Signature  (By a director, president of 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)  Douglas Wetzen
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)