Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000064192 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING SERVICES

Account Number : I20180000072

Phone : (305)820-3200 : (305)820-2998 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* (500

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN WANDERLUST TLC INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

1/1

## Articles of Amendment to Articles of Incorporation of

WANDERLUST TLC INC		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
P20000082322		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing amendment(s) t
A. If amending name, enter the new name of the corporation:		
AMARAN PAVING INC		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 "P.A.	A professional corporation name must cor	iation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<del></del>
		- 73
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7.7
		·
		<u> </u>
1. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		THE ST
Name of New Registered Agent		
(Florida str	reet uddress)	
New Registered Office Address:	, Florída	
	(City) (Z	ip Code)
Registered Agent's Signature, if changing Registered Agent *by accept the appointment as registered agent. I am familiar		n.
Signature of New R	Registered Agent, if changing	<del></del>
if applicable		

210000641923

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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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 Doc	,
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<del>-</del>		
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			<del></del>
6)Change			
Add			
Remove			



ttach	additiona	il sheets, if	necessary).	(Be spec	change(s) h	- <del>-</del>			
		_ <del></del> .	<del></del>					<u> </u>	
		<u> </u>							
	· · · ·	•						. ==	
	<del>-</del>					<u></u>			
					· · · · · · · · · · · · · · · · · · ·			<del></del>	
	•								
	·_						<del></del>		
<u></u>		<u></u>			10°	··		<del></del>	
			<u></u>						_
				<del></del>					
					<u></u>				
an ar rovis	mendmen ions for i	<u>t provides</u> mplementi	<u>for an exct</u> ng the ame	nange, recla	ssification, c	r cancellatio	n of issued : idment itsel	hares. I:	
		cable, indic			· · · · · · · · · · · · · · · · · · ·			•	
			<del></del>					· · · · · · · · · · · · · · · · · · ·	<del> </del>
								·· — ·	
						· · · · · · · · · · · · · · · · · · ·			<del> </del>

H 210000641923

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	holder action and shareholder
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the ar sufficient for approval.	nendment(s)
	oproved by the shareholders through voting groups. The follows or each voting group entitled to vote separately on the amendme	
"The number of votes can	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
02/15/202 Dated	20	
Signature		
	director, president or other officer - if directors or officers have	not been
select	ed, by an incorporator - if in the hands of a receiver, trustee, or	
арроі	nted fiduciary by that fiduciary)	
	FRANCISCO B CARTAYA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

## H210000641923