Division of Corporations Electronic Filing Cover Sheet

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To:

From:

Division of Corporations

Fax Number : (850)617-6380

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707

Phone : (305)803-2736

Fax Number : (305)646-1527

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN WR SERVICE COLD INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Articles of Amendment to

| | Articles of Incorporation of | |
|--|---|--|
| | WR SERVICE COLD INC | |
| (Name of Corpo | ration as currently filed with the Florida Dept. of | State) |
| | P21000005269 | |
| (Do | ocument Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation: | orida Statutes, this Florida Profit Corporation adopt | s the following amendment(s) to |
| A. If amending name, enter the new name of th | e corporation: | |
| "Inc.," or Co.," or the designation "Corp," "he "chartered," "professional association," or the abab. B. Enter new principal office address, if application (Principal office address) MUST BE A STREET A | able: | fly new he abbreviation, Corp., "must contain the word |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX) | |
| If amending the registered agent and/or registered agent and/or the new registered. | stered office address in Florida, enter the name of ed office address: | <u>[the</u> |
| Nume of New Registered Agent | | |
| • | (Florida street address) | |
| New Registered Office Address: | , Flo. | rida(Zip Code) |
| New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent | | · |
| Sig | gnature of New Registered Agent, if changing | |

Check if applicable \Box 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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Mar 27*2023 3:02pm

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> </u> | <u>John Doe</u> | | |
|----------------------------|---------------|------------------------|---------------------|-----------|
| X Remove | <u>V</u> | Mike Jones | | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | Title | <u>Namc</u> | <u>Acdres</u> s | |
| 1) Change | <u>P</u> | WOLFANG CHACON | 11053 NW 89 TERRACE | |
| Add | | | UNIT 1505 | 207 |
| X Remove | | | DORAL, FL. 33178 | 202 ::: |
| 2) Change | P | WOLFANG RUGELES CHACON | H053 NW 89 TERRACE | 27 |
| X Add | | | UNIT 1505 | |
| Remove 3) Change | | | DORAL, FL. 33178 | :::la:::: |
| Add | | | | |
| Remove | | | | |
| 4) Change | . | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

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| | If amending or adding additional Ar Attach additional sheets, if necessary). | . (Be specific) | <u> </u> | | | |
|---|---|--------------------|----------------|-------------------|-------------|-------------|
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
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| (if not applicable, indicate N/A) | provisions for implementing the an | nendment if not co | ontained in th | e amendment i | tself: | |
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| The date of each amendment(s) ac | loption: | if other than the |
|--|---|------------------------|
| date this document was signed. | | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| | | l b li wad a celea |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will partment of State's records. | I not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add action was not required. | pted by the incorporators, or board of directors without shareholder action and | l sharcholder |
| ☐ The amendment(s) was/were add by the shareholders was/were so | pted by the shareholders. The number of votes east for the amendment(s) fficient for approval. | 2 |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | 2025 11 27 |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | | : : iō: 00 |
| | (voting group) | 5 |
| | | 30 |
| 03/27/2023 Dated | | |
| | atrica lisbeth le macho | |
| (By a d selecte | rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary) | |
| | PATRICIA LISBETH CAMACHO | |
| | (Typed or printed name of person signing) | |
| | VICE PRESIDENT | |
| | (Title of person signing) | |