

P21000014425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

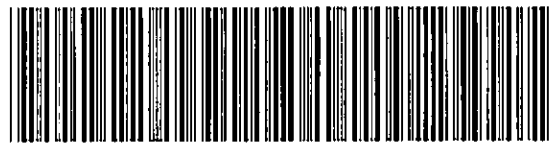
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200397423642

Amend

11/16/22--01021--004 **35.00

RECEIVED
2022 NOV 16 PM 2:33
FALLAHASSEE, FLORIDA

A. RAMSEY
NOV 17 2022

FILED
2022 NOV 16 AM 11:17



**Department of State
Division of Corporations
Date: 11/16/2022**

**American Expediting (Stealth Courier)
1531 Commonwealth Business Dr.
Ste 105
Tallahassee, Fl. 32303
850-294-5632**

Stealth Courier Box

**Company: Global Wealth Financial
Requester: Stephanie Hernandez
Order: 14312483**

GLOBAL
WEALTH

Global Wealth Financial, LLC
Pablo Fernandez
6472 SW 85th ST
Miami, FL 33143
Phone #: 678-576-4536
Email: pablo@globalwealthfinancial.com

November 10th, 2022

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

Attention Amendment Section,

I hired American Expediting to deliver this letter as my request to **1)** amend the Articles of Incorporation for my Corporation (the amendment form is included with this letter).

Entity Name: GWF CORP.

Florida Document Number: P21000014425

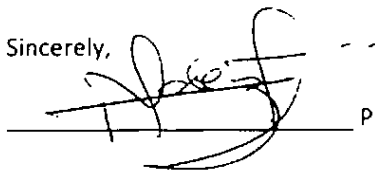
Document Type in Need of Being Amended: Articles of Incorporation

Date Document was Filed with the Division of Corporations: Same day as filing

Enclosed, you will find the payment made payable to the **Florida Department of State** via check for the required \$35 filing fee, which I'm aware includes a Letter of Acknowledgment.

Once all the above has been completed, which I was informed would be next day turnaround, American Expediting will be picking up the Letter of Acknowledgment in person. Should you have any questions, please feel free to contact me utilizing the contact information provided above.

Sincerely,



Pablo Fernandez Tijerina

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GWF CORP.

DOCUMENT NUMBER: P21000014425

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Hernandez
Name of Contact Person

GWF Corp.
Firm/ Company

1395 Brickell Ave Ste 800
Address

Miami, FL 33131
City/ State and Zip Code

stephanie@globalwealthfinancial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Hernandez at (305) 600-9773
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:

- \$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)

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

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

2022 NOV 16 AM 11:17

GWF CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000014425

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

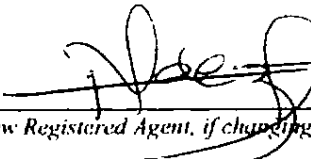
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Fernandez Tijerina, Pablo
6472 SW 85th ST
(Florida street address)

New Registered Office Address: Miami, Florida 33143
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing Fernandez Tijerina, Pablo

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, 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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 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)

11/10/22
Dated _____

Signature _____
(By a director, president or 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)

Fernandez Tijerina, Pablo

(Typed or printed name of person signing)

TD

(Title of person signing)