P21000024935

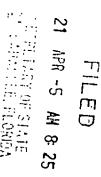
(Requestor's Name)			
(Ad	ldress)	··	
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
		—	
(Bu	siness Entity Nan	ne)	
	ocument Number)		
(DC	cament Namber)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		





600362875006

04/05/21--01034--025 **35.00



Wally and a second

<u>COVER LETTER</u>					
TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: WR REPORT INC DOCUMENT NUMBER: P2100002H935					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person Where of Contact Person Where of Contact Person Where of Contact Person Firm/ Company Address OPA LOCKA FL 3305H City/ State and Zip Code Alvero OPAL @ ADI-COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
WIIIOM RIVE() at (786) 817 9792 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					

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section
Division of Corporations The Centre of Tallahassee

Articles of Amendment

to Articles of Incorporation

to

	U)R" Repair	rInc
(Name of Corp	oration as currently filed with the Flo	orida Dept. of State)
P2100002H93	: <	
	Document Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Torida Statutes, this Florida Profit Corp	poration adopts the following amendment(s
A. If amending name, enter the new name of	the corporation:	
	NA	The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional corp	rnorated" or the abbreviation "Corn"
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC) D. If amending the registered agent and/or re-	gistered office address in Florida, ent	
new registered agent and/or the new regist	ered office address:	APR T
Name of New Registered Agent	NA	
		:: (F)
	(Florida street address)	ာ္က ထူ
New Registered Office Address:	NA_	Florida STN 2
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accept the o	obligations of the position.
-	NA Signature of New Registered Agent, if co	
	Signature of New Registered Agent, if ca	hanging
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)

Add

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.

Mike Jones, v as Kemov	e, ana sai	iy əmun, ə	or as an Aaa.		
Example: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>nes</u>		
X Add	<u>SV</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	YP	_	<u>Sonia</u>	Rivero	460 sesame st
X Add					opalocka, FL 33051
Remove					
2) Change		_			
Add					
Remove Change		_			
Add					
Remove					
4) Change				 ,	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			

If amending or adding additional Articles, enter change(s) here:	
Attach additional sheets, if necessary). (Be specific)	
·	
	
···	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption date this document was signed.	n:3	131/2021	, if other than the
Effective date <u>if applicable</u> :	(no more than 90	davs after amendment file	e date)
Note: If the date inserted in this block d document's effective date on the Departm	oes not meet the applica		rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by action was not required.	by the incorporators, or b	oard of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		number of votes cast for t	the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each to the separately provided	oting group entitled to v	ote separately on the ame	ollowing statement indment(s):
"The number of votes cast for the		e sufficient for approval	
by	(voting group)	·"	
(By a director selected, by a	•	er – if directors or officers hands of a receiver, truste	
арроллести	William	RIVERO (ame of person signing)	
	Preside (Title of person sig	ent_	