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SECOND REQUEST

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.

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H220002786003ABC.

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    : TAXLEAF.COM INC
        Account Number  : I20140000084
        Phone           : (305)541-3980
        Fax Number      : (786)713-1940
```

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

Email Address:_____

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
WINDS OF GRACE CORP

Certificate of Status	0
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Page Count	04
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J. HORNE

AUG 18 2022

2022 AUG 17 AM 11: 56 SECRETARY OF TALLAHASSEE FILED

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Articles of Amendment
to
Articles of Incorporation
of

WINDS OF GRACE CORP

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

P21000033351

(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).

1750 NE 191 ST ST APT 524

MIAMI, FL 33179

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

1750 NE 191 ST ST APT 524

MIAMI, FL 33179

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 _____

_____
(Florida street address)

New Registered Office Address: _____ . Florida _____
                                                (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

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) **X** Change ____ Add ____ Remove	P	MARIA G RIVAS	1750 NE 191 ST ST APT 524 MIAMI, FL 33179
2) ____ Change ____ Add **X** Remove	S	GABRIELA PISTO	1080 99 st Bay Harbor MIAMI, FL 33154
3) ____ Change **X** Add ____ Remove	VP	MARIA SOL ITURRI	1750 NE 191 ST ST APT 524 MIAMI, FL 33179
4) ____ Change ____ Add ____ Remove			
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).   (Be specific)*

_____
_____
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F. 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:
(if not applicable, indicate N/A)

_____
_____
_____
_____
_____
_____
_____
_____
_____

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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)

   Dated   August 1st 2022

   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)

                  MARIA G RIVAS
   _____
                  (Typed or printed name of person signing)

   PRESIDENT
   _____
                  (Title of person signing)

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