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Division of Corporations

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From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number: I20180000017

: (305)340-2000

Fax Number

: (786)953-6246

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

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN WAKONDA INVESTMENT CORP

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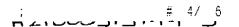
## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: WAKON	TDA INVESTMENT CORP
DOCUMENT NUMBER: P210000743	21
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
ALEX ORTIZ, CP	A
<del></del>	Name of Contact Person
E ALEX ORTIZ, O	PA, PA
	Firm/ Company
2727 PONCE DE 1	LEON BLVD
	Address
CORAL GABLES	
	City/ State and Zip Code
ALEX@ALEXOR	TIZCPA,COM
E-mail address	s: (to be used for future annual report notification)
For further information concerning this m	atter, please cail:
ALEX ORTIZ, CPA	at (305 ) 340-2000
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate o	
Mailing Address Amendment Section Division of Corporation 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

WAKONDA INVESTMENT CORP	
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P21000074321	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>
<del></del>	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	n," "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	The state of the s
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 new registered agent and/or the new registered office add	
Name of New Registered Agent	
	<del></del>
(Florid	da street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
and the state of the state Decision of A.	laura.
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am familiary	veent: iliar with and accept the obligations of the position.
- C	
Signature of No	New Registered Agent, if changing
Check if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120	(11) (e), F.S.

Example:



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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	<u>Jalın Doe</u>	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	GARCIA PEREZ, VERONICA	6510 MAIN ST
X Add			APT 311
Remove			MIAMI LAKES, FL 33014
2)Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			· · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
N/A	
TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	
	·
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)	
N/A	
· · · · · · · · · · · · · · · · · · ·	

	8/20/2021		
The date of each amendment(s) date this document was signed.	adoption:		if other than th
Effective date if applicable:			
	(no more than 90 days a	nster amendment file date)	·
Note: If the date inserted in this document's effective date on the		ntutory filing requirements, this date will no	t be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of	f directors without shareholder action and sha	reholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The numbe sufficient for approval.	er of votes east for the amendment(s)	
	pproved by the shareholders through voor each voting group entitled to vote sep		
"The number of votes ca	st for the amendment(s) was/were suffic	cient for approval	
by		"	
	(voting group)		
DatedX_08/2	3/2021		
Signature X	780		
selec	director, president or other officer – if a ted, by an incorporator – if in the hands inted fiduciary)		
	PEDRO W CANO BEDOYA		
	(Typed or printed name of	f person signing)	
	X President		
	(Title of person signing)		