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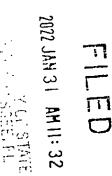
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C. BRUMBLEY FEB 1 4 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HOWARD WINK	LE, INC				
DOCUMENT NUM	RECEIVED					
The enclosed Articles						
Please return all corre	spondence concerning this ma	tter to the following:	2022 JAN 3 PM 3: 43			
	RENATA ALCANTARA		SECRETARY OF STATE TALLAHASSEE, FL			
		Name of Contact Person	1			
	ACCOUNTING PLUS PROI	FESSIONAL SERVICES,	INC			
		Firm/ Company				
	10850 MOORE DRIVE					
		Address				
	PARKLAND, FL 33067					
	City/ State and Zip Code					
	RENATAALC@HOTMAIL	СОМ				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
RENATA ALCANTA	NRA	at (⁹⁵⁴	913-1520 de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 Taliahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HOWA	RD	WIN	KIE	INC

(Name of Corporation	n as currently filed with the Florida Dept. of State	e)
P21000096771		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the	following amendment(
A. If amending name, enter the new name of the cor	rporation:	
HOWARD WINKLER, INC		The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional corporation name mus	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	022
	<u></u>	<u> </u>
C. Enter new mailing address, if applicable:		· • III
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	
		<u>-</u> ω
		· .,. ~
D. If amonding the natiotated and and add-	- J - CC - a J J i - Flacida - man a faha	
 If amending the registered agent and/or registere new registered agent and/or the new registered of 		
Name of New Registered Agent		
		
	(Florida street address)	
New Registered Office Address:	, Florida	
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the p	osition.
Signati	ture of New Registered Agent, if changing	

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)

Example:

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	\underline{V}	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				1819
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add	·	_		
Remove				

	ticles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	12/16/2021	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
12	/16/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, the Department of State's records.	ais date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amenda sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s).	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv	<u></u>	
	(voting group)	
12/16/20	21	
Dated	··	
	No	
Signature	- 	
Signature	director, president or other officer - if directors or officers have not b	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other	
	nted fiduciary by that fiduciary)	
**		
	RHAWAN B CAMARGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	