P21000101461

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: WAO FRAMING S	SERVICES INC		_			
	IBER: P21000101461			_			
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.					
Please return all corr	respondence concerning this ma	tter to the following:					
	CARLOS FAXAS						
		Name of Contact Person	1	_			
		Firm/ Company	<u> </u>				
	4100 GOLDEN GATE PKWY #206						
	<u></u>	Address					
	NAPLES, FL 34116						
	City/ State and Zip Code						
	WAOFRAMINGSERVICES	@GMAIL.COM					
	E-mail address: (to be us	ed for future annual report	notification)	-			
For further informat	ion concerning this matter, pleas	se call:					
CARLOS FAXAS		at (²³⁹	692-4281	25.2			
Nam	e of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	 , , , ,			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Ar Di P.	ailing Address nendment Section vision of Corporations O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee					
T:	Illahassee, FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WAO FRAMING SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)	
21000101461	
(Document Number of Corporation (if known)	,
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fos Articles of Incorporation:	llowing amendment
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbr Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must chartered," "professional association," or the abbreviation "P.A,"	
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter now mailing address if applicables	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	~
	: 3
·	
. 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:	10
Name of New Registered Agent	
Nume of New Registered Agein	12.
(Florida street address)	·
New Registered Office Address:, Florida	(Zip Code)
, , , , , , , , , , , , , , , , ,	(,
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos	ition.
Signature of New Registered Agent, if changing	
organian of the regime of a growing	

 \square 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ALEXIS GARCIA	281 11TH ST NW
X Add			NAPLES, FL 34120
Remove			
2) Change			<u> </u>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			, <u> </u>
Remove			
6) Change			
Add			
Remove			

	lditional sheets	; if necessary)). (Be spec	change(s) h				
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<u>f an ame</u>	<u>endment provi</u>	<u>ides for an ex</u>	<u>change, rec</u>	lassification.	or cancella <u>t</u>	ion of issued	l shares,	
provisio	ons for implem ot applicable,	ienting the an indicate MAN	nendment if	not contain	ed in the am	enament its	<u> </u>	
(i) iii	от цурпеные, і	marcare :0217						
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	08/24/2022	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
08	24/2022	
Effective date if applicable:	(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this document's effective date on the I		tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were:	lopted by the shareholders. The numbe sufficient for approval.	r of votes cast for the amendment(s)
	oproved by the shareholders through voir each voting group entitled to vote sep	
	st for the amendment(s) was/were suffic	
by	(voting group)	."
	(voting group)	
08/24/202	2	
Dated	Tit A	
Signature		
selec	director, president or other officer – if of ed, by an incorporator – if in the hands nted fiduciary by that fiduciary)	
	CARLOS FAXAS	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	