## P2300010011

| (Re                     | equestor's Name)     |        |
|-------------------------|----------------------|--------|
|                         |                      |        |
| (Ac                     | idress)              |        |
|                         |                      |        |
|                         | ( )                  |        |
| (Ac                     | ldress)              |        |
|                         |                      |        |
| (Cir                    | ty/State/Zip/Phone # | )      |
|                         |                      |        |
| PICK-UP                 | ■ WAIT               | MAIL   |
|                         |                      |        |
|                         |                      |        |
| (Bu                     | isiness Entity Name) | )      |
|                         |                      |        |
| (Do                     | ocument Number)      |        |
|                         |                      |        |
| Certified Copies        | Certificates of      | Statue |
| Certified Copies        | _ Certificates of    | Olates |
|                         |                      |        |
| Special Instructions to | Filing Officer:      |        |
|                         |                      |        |
|                         |                      |        |
|                         |                      |        |
|                         |                      |        |
|                         |                      |        |
|                         |                      |        |
|                         |                      |        |
| _                       |                      |        |

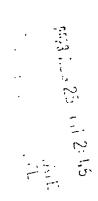




000414499500

08/25/23--01007--016 \*\*35.00





## COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF CORPO          | DRATION: WACC CORPOR                        | ATION   |  |           |
|------------------------|---|---|--|-----------|
| DOCUMENT NUM           | P23000010011                                |   |  |           |
| The enclosed Article   | es of Amendment and fee are su              | bmitted for filing.   |  |           |
| Please return all corr | respondence concerning this ma              | tter to the following:  |  |           |
|                        | WILLY A CABRERA CAM                         | POS   |  |           |
|                        |   | Name of Contact Persor  | 1  |           |
|                        | WACC CORPORATION                            |   |  |           |
|                        |   | Firm Company  |  |           |
|                        | 13469 FOUNTAINVIEW BI                       | LVD   |  |           |
|                        |   | Address   | <del></del>  |           |
|                        | WELLINGTON FL 33414                         |   |  |           |
|                        |   | City/ State and Zip Code  | 2  |           |
|                        | 561-358-1976                                |   |  |           |
|                        | E-mail address: (to be u                    | sed for future annual report  | notification)  |           |
| For further informat   | ion concerning this matter, plea            | se call:  |  | د ع       |
| WILLY A CABRE          | RA CAMPOS                                   | at ( 561  | 358-1976   |           |
| Name of Contact Person |   |   | de & Daytime Telephone Number  | -         |
| Enclosed is a cheek    | for the following amount made               | payable to the Florida Depa   | irtment of State:  | .,        |
| \$35 Filling Fee       | □\$43,75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | F.1 2: 15 |
|                        | ailing Address<br>mendment Section          |   | Address<br>Iment Section   |           |

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

WACC CORPORATION

| WACCONTONATION   |   |
|--|---|
| (Name of Corporation as currently filed with the Flo   | orida Dept. of State)   |
| P23000010011   |   |
| (Document Number of Corporation (if kn   | own)  |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corp</i> its Articles of Incorporation:   | poration adopts the following amendment(s)                                    |
| A. If amending name, enter the new name of the corporation:  |   |
|  | The new   |
| name must be distinguishable and contain the word "corporation," "company," or "inco<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A professional corp<br>"chartered," "professional association," or the abbreviation "P.A." | rporated" or the abbreviation "Corp.,"<br>poration name must contain the word |
| B. Enter new principal office address, if applicable:  |   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |   |
|  |   |
| 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 address in Florida, entering registered agent and/or the new registered office address:   | ter the name of the   |
| Name of New Registered Agent   |   |
|  | S.  |
| (Florida street address)   | : :   |
| New Registered Office Address:   |   |
|  |   |
| New Registered Agent's Signature, if changing Registered Agent:  | 21.5  |
| I hereby accept the appointment as registered agent. I am familiar with and accept the   | ornigations of the position.  |
|  |   |
|  |   |
| Signature of New Registered Agent, if  | changing  |

Check if applicable

 $\square$  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

| Example:<br>X Change       | <u> 61</u>      | John Dog         |                         |
|----------------------------|-----------------|------------------|-------------------------|
| X Remove                   | $\underline{V}$ | Mike Jones       |                         |
| X Add                      | <u>SV</u>       | Sally Smith      |                         |
| Type of Action (Check One) | <u>Title</u>    | Name             | <u>Addres</u> s         |
| 1) Change                  | VP              | WILLY Y. CABRERA | 13469 FOUNTAINVIEW BLVD |
| x Add                      |                 |                  | WELLINGTON, FL 33414    |
| Remove                     |                 |                  | 10%                     |
| Change                     |                 | _                |                         |
| Add                        |                 |                  |                         |
| Remove 3.) Change          |                 |                  |                         |
| Add                        |                 |                  |                         |
| Remove                     |                 |                  |                         |
| 4) Change                  |                 |                  |                         |
| Add                        |                 |                  |                         |
| Remove                     |                 |                  |                         |
| 5) Change                  |                 |                  |                         |
| Add                        |                 |                  |                         |
| Remove                     |                 |                  |                         |
| 6) Change                  |                 |                  |                         |
| Add                        |                 |                  |                         |
| Remove                     |                 |                  |                         |

| Auach <i>adamonai</i> si | ing additional Articles, enti<br>wets, if necessary) — (Be spe | zeifici -             |                      |               |                 |
|--------------------------|--|-----------------------|----------------------|---------------|-----------------|
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       | <u></u>              |               |                 |
| -                        |  | <del></del>           |                      |               | - : <del></del> |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       | <u> </u>             |               |                 |
|                          |  |                       |                      |               |                 |
| ••                       |  |                       | <del></del>          | <del></del>   |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               | -               |
|                          |  |                       |                      |               |                 |
| <del></del>              |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
| <del></del>              | <u></u>  |                       |                      | -             |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
| 15                       | rovides for an exchange, re                                    | olovitiantian ar sa   | nonllation of icound | . harae       |                 |
| provisions for inj       | olementing the amendment                                       | if not contained in t | he amendment itse    | 1f:           |                 |
| (if not applica          | ble, indicate N A)   |                       |                      | <del></del> - |                 |
|                          |  |                       |                      |               |                 |
|                          | <u> </u>   |                       | <del></del>          |               | <del></del>     |
|                          |  | <u> </u>              |                      |               | 11              |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       |                      |               |                 |
|                          |  |                       | ***                  | - 1           |                 |

| he date of each amendment(s) ate this document was signed.          | adoption:   | if other than the       |
|---|---|-------------------------|
| ffective date <u>if applicable</u> :                                |   | <del></del>             |
|   | (no more than 90 days after amendment file date)  |                         |
| ote: If the date inserted in this ocument's effective date on the l | block does not meet the applicable statutory filing requirements, this date with Department of State's records.   | II not be listed as the |
| doption of Amendment(s)   | ( <u>CHECK ONE)</u>   |                         |
| The amendment(s) was were a action was not required                 | dopted by the incorporators, or hoard of directors without shareholder action an  | d shareholder           |
| The amendment(s) was were a by the shareholders was were            | dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.  |                         |
| The amendment(s) was were a must be separately provided for         | approved by the shareholders through voting groups. The following statement for 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  |                         |
| by  | (voting group)  |                         |
|   | (voting group)  |                         |
| 08/21/20  | 23  |                         |
| Dated   |   |                         |
| Signature   |   |                         |
| (By a<br>selec  | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) | _                       |
|   | WILLY A CABRERA CAMPOS  | · 3                     |
|   | (Typed or printed name of person signing)   | <u> </u>                |
|   | VICE PRESIDENT  |                         |
|   | (Fitle of person signing)   | 63                      |
|   |   | rii 2: 45               |
|   |   | 2:1                     |
|   |   | 74 5                    |
|   |   |                         |