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H230001881473ABC1

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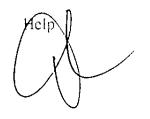
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN WESTERN NATIONAL UNITED CORP.

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(((H230001881473)))

## COVER LETTER

TO: Amendment Section Division of Corporations WESTERN NATIONAL UNITED CORP. NAME OF CORPORATION: \_\_ P23000036595 DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Contact Person Firm/ Company 17350 STATE HWY 249 STE 220 Address HOUSTON TX, 77064 City/ State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filling Fee. ☐\$43.75 Filling Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303

(((H230001881473)))

## Articles of Amendment Articles of Incorporation

WESTERN N	ATIONAL UNITED CORP.	
(Name of Corporation as	currently filed with the Florida Dept. of State)	
	P23000036595	
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the corpor:	ation:	
		The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or ' "chartered," "professional association," or the abbreviatio	'Co". A professional corporation name must conte	tion "Corp.,"
B. Enter new principal office address, if applicable:	1805 Myrtle Ave N. #1133	
(Principal office address MUST BE A STREET ADDRES!	Jacksonville, FL 32209	2
	(a)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1805 Myrtle Ave N. #1133	5.5
	Jacksonville, FL 32209	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent		
1805 Myrtle Ave	N. #1133	
(F	lorida street addi ess)	
Jacksonville	, Florida 32209	
New Registered Office Address:		

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

 $\square$  The amendment(s) is/are being filed pursuant to s, 607,0120 (11) (e), F.S.

5/22/2023 14:59:03 CDT

(((H2303018818713))))
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 Doc 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.

Example: <u>X</u> Change	PT	John Doc		
X Remove	$\underline{V}$	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) X Change	PSTD	Michael Berman	1805 Myrtle Ave N. #1133	
Add			Jacksonville, FL 32209	
Remove				
2) Change	_		- 2	-
Add			DOZ3 HAY	· 🎵
Remove 3) Change	<del></del>		N	- Taller
Add			<u> </u>	
Remove			8: F:2-17	·
4) Change				-
Add				•
Remove				
5) Change				-
Add				-
Remove				
6) Change				•
Add				•
Remove				

5/22/2023 14:59.03 CDT

If amending or adding additional Articles, enter change(s) here:	(((H23000188	147
Attach additional sheets, if necessary). (Be specific)		
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	<del></del>	
	202	
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	8: 47	
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)		
	<del>.</del>	

The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
(no more than 90 days after amendment file dete)	•	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will i	not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action action was not required.	n and s	hareholder
. 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.	1	
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:		2023 HAY 22
(voting group)	`~	27842
Dated	MATE	M 8: 47
(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)		-
Michael Berman		
(Typed or printed name of person signing)		<del>,- 11-11-1</del>
President		
(Title of person signing)		<del></del>