P24000053400

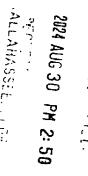
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section
Division of Corporations

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NAME OF CORPORATION: WHE \$ WWE ENTERPRISE INCOMMENT NUMBER: P 24000053400	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Linell Devon Love	
Name of Contact Person	بسا
290 Palmetto Springs St	٠
Name of Contact Person SET TO PAINT Company PLANT Company Address OCDAN PL 32713 City/ State and Zip Code	1
E-mail address: (to be used for future annual report notification)	J
For further information concerning this matter, please call:	
Name of Contact Person at (321) 149 - 5243 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

to

LOWE B WINE FO	Herorise Inc	<u></u>		
(Name of Corporation as currently file	d with the Florida Dept. of State	<u>2</u>)		
P240000534	-00			
(Document Number of Cor	poration (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	da Profit Corporation adopts the	followinį	g amend	ment(s)
A. If amending name, enter the new name of the corporation:				
			77	
name must be distinguishable and contain the word "corporation," "compe	inv." or "incorporated" or the ab	breviatio	_The n n ''Cort	
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro, "chartered," "professional association," or the abbreviation "P.A."	fessional corporation name mus	t contair	the wo	ord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				_
-				_
_		<u></u>	<u> </u>	_
C. Enter new mailing address, if applicable:		ES.	anv h	ili.
(Mailing address MAY BE A POST OFFICE BOX)			<u>5</u>	——————————————————————————————————————
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	**** *	500	PH	- ţ : Ţ
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D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	n Florida, enter the name of the	FATE FATE	59	
Name of New Registered Agent				
		•		
(Florida street ad	dress)			
New Registered Office Address:	, Florida			
New Registered Office Address. (City)		(Zip C	ode)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	nd accept the obligations of the pe	osition.		
Signature of New Registe	red 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)

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:

X Change	<u>PT</u>	<u>John Do</u>	<u>oe</u>					
X Remove	<u>V</u>	Mike Jo	<u>ones</u>					
X Add	<u>sv</u>	Sally Si	nith					
Type of Action	<u>Title</u>		<u>Name</u>			<u>Addres</u> s		
(Check One) 1)	7	_	unell	DENOY	1 wol	290 P	almeti).St
Add						Deban	1.FL3	2713
Remove								_
2) Change		_						
Add								
Remove Change		_					ु र	
Add							<u> </u>	300 mm
Remove								C
4) Change		_					<u> </u>	
Add								5 11d
Remove							<u> </u>	_ა _ა
5) Change		_						
Add								
Remove								_
6) Change		-	·					
Add								
Remove								

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)	
<u></u>		
		
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F	dance of the state	
or an amendment provides for an exc	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	The second secon	
		
1.30		
	·=	

The date of each amendment(s) acd date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requiren partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	reholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		207
	(voting group)	TALL TO
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Signature	Mey penty www	SSE PH Sive not been Sive not been Sive not been Sive not been Sive Not Siv
selected	rector, president or other officer – if directors or officers hall, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	re
	(Title of person signing)	

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