P92000010999

(Re	equestor's Name)	
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COVER LETTER

Division of Corporations
SUBJECT: WNU SAUS TWC. Name of Corporation
DOCUMENT NUMBER:
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARLOS MARTINEZ-CHRISTENSEN Name of Contact Person
WNV SAUS INC. Firm/Company
6100 BUE LAGOON DR. # 105
MIAMI FL. 33176 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARLOS MATINEZ. CHRISTENSEN at (30) 613-7700 (CEL) Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2013

CARLOS MARTINEZ-CHRISTENSEN WNV SALES, INC. 6100 BLUE LAGOON DR., #105 MIAMI, FL 33126

SUBJECT: WNV SALES, INC. Ref. Number: P92000010999

We have received your document for WNV SALES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 513A000021

Dear Fernz: Holh we now Hade completed EVERYTHING.

THANKS FOR YOUR PATITUCE!

2/06/13



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2013

CARLOS MARTINEZ-CHRISTENSEN WNV SALES INC 6100 BLUE LAGOON DR. #105 MIAMI, FL 33126

SUBJECT: WNV SALES, INC. Ref. Number: P92000010999

We have received your document for WNV SALES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 313A00001398

DOCUMENTS DAACHED

le. 1/25/13

RECEIVED
13 JAN 29 AM II: 13

Articles of Amendment Articles of Incorporation of

13 PEB 12 PM 1: 60

WNU SAUS INC.				
(Name of Corporation as curren	tly filed with the Flor	da Dept. of State)		
P92000010999				
(Document Numb	er of Corporation (if kr	own)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this Flo		opts the following	; amendment(s) to
A. If amending name, enter the new name of t	he corporation:	•		
WNV CORP.	•			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "Co r the abbreviation "P./	". A professional corpora	rated" or the ab tion name must c	obreviation contain the
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET	ADDRESS)			•
	and the little contract	<u>.</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E <i>BOX</i>)	N/A		-
	<u> </u>			-
	•			-
D. If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address ered office address;	in Florida, enter the nam	e of the	
Name of New Registered Agent	NA			
Hame of their Register Carriages.	'y 1 ₁₁ ' .	·		
	(Florida street	address)		
	•	•		
New Registered Office Address:	(City)	, Florida_	(Zip Code)	•
	(
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar witi	and accept the obligations	s of the position.	
	SOUTH DO			
Signature	of New Registered Age	nt, if changing		

Page 1 of 4

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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 <math>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>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>.</u>	Address
1) Change				
Add				
Remove			Later Street Contract	
2) Change				
Add			<i>,</i>	
Remove				
3) Change			- Are yet	
Add			•	
Remove				
4) Change				
Add				
Remove				
5) Change				
			A Committee of the Comm	
Remove				
6) Change				
Add				
Remove			and the second second	

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
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	English of the control of the contro
	1 10 de 11 de 12 d
nrovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
r/a	
F/~	
	Jacob 1980 to
	CALANT TO STATE OF THE STATE OF
	•

he date of each amendment(s) adoption: 3/01/2013
ffective date <u>if applicable</u> :	3/01/2017
rective date it applicable.	(no more than 90 days after amendment file date)
doption of Amendment(s)	$(\underline{\text{CHECK ONE}}) \qquad \nu / \alpha$
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement of 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	
	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
Dated	1/25/2013
Signature	DAJ. President
(B)	y a director, prosident or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court
ap	pointed fiduciary by that fiduciary)
	CAPLOS HARTINEZ- OPRISTRUSKN
	(Typed or printed name of person signing)
	President
	(Title of nerron signing)

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