P9400046734

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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SECREDARY OF SECTAL CARASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to

Articles of Incorporation

of

WALLAUST	GRI INC.
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P94000046	734
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "eword "chartered," "professional association," or the abbreviation "	1," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
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 new registered agent and/or the new registered office address. Name of New Registered Agent	
Rume of New Registered Agem	
(Florida str	eet address)
·	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v Signature of New R	with and accept the obligations of the position.

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.

Nemove Mike Jones X Add SV Sally Smith	Example:		•	
X Add SV Sally Smith	X Change	PT	John Doe	
Type of Action (Check One)	X Remove	<u>V</u>	Mike Jones	
(Check One) 1) X Change	<u>X</u> Add	<u>sv</u>	Sally Smith	
Add		<u>Title</u>	<u>Name</u>	
X Remove Fixelist 33334 2) Change	1) X Change	V_	DEBRAL. Lumsson	
2) Change	Add			
Add Remove 3) Change Add Remove 4) Change Add Remove 5) Change Add Remove 6) Change Add	Remove			Frazion 33334
	2) Change			
3) Change Add	Add			
Add Remove 4) Change Add Remove 5) Change Add Remove 6) Change Add Remove	Remove			
Remove	3) Change			
4) Change	Add			
Add	Remove			
Remove	4) Change			
5) Change	Add			
Add	Remove			
Add	5) Change			
Remove				
Add				
Add	6) Change			
				

Attach <i>additio</i>	ial sheets, if necessary	·). (Be specific)	,		
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lf an amendm	ent provides for an ex	cchange reclassifi	cation or cancellation	an of isened shares	
	implementing the a				
(if not ap	olicable, indicate N/A)				
,	•		1		
			NIA		
			,		
				-	
					

The date of each amendment(s) ac date this document was signed.	loption: if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
action was not required. Dated Signature	
selected	irector, president of other officer – if directors or officers have not been 1, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)