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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: W.C.M. INVESTM	IENTS, INC.			
DOCUMENT NUMB	P95000056732 ER:	·			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	Susan Budowki				
-		Name of Contact Persor	1		
	The Law Offices of Susan M	. Budowski, LLC			
-	Firm/ Company				
	871 Venetia Bay Blvd. Suite 202				
•	Address				
	Venice, Florida 34285				
-		City/ State and Zip Cod	<u> </u>		
susan	@susanbudowski.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Susan Budowski		407 at (745-0075 		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made [payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ing Address		Address		
Amendment Section		Amendment Section			
	sion of Corporations Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

. W.C.M. INVESTMENTS, INC.

2018 SEP 12 AM 11: 43

P95000056732	(Name of Corporation as currently filed with the Florida (Dept. of State) STATE TALLAHASSEE, FL		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes. thi	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na N/A	ame of the corporation:		****
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address,	nation "Corp," "Inc," or tion," or the abbreviation if applicable:	"Co". A professional corporation nam	
(Principal office address <u>MUST BE A S</u>	<u>IKEEI ADDRESS</u>)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an new registered agent and/or the new		_	
Name of New Registered Agent	N/A		
- table of the same team of the same tea	871 Venetia Bay Blvd. S	uite 202	
New Registered Office Address:	(Florida : Venice	trcet address) Florida	34285
The state of the s		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			oosition.
	Signatura of Nave	Registered Agent if changing	

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:			aa.	
X_Change	<u>PT</u>	John Doe		
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>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		-		
Remove				

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)
	(in specific)
/A	
 	 -
	<u> </u>
	<u> </u>
	
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	. <u></u>
	1 10 1
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
	· · · · · · · · · · · · · · · · · · ·
•	
	<u> </u>
	
· -	·

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
N/A Effective date <u>if applicable</u> :	4	
Effective date <u>ii applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this lead to the Document's effective date on the Document	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment afficient for approval.	(s)
	proved by the shareholders through voting groups. The following staten reach voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	;;	
•	(voting group)	
action was not required. The amendment(s) was/were ad-	opted by the board of directors without shareholder action and sharehold opted by the incorporators without shareholder action and shareholder	ler
action was not required.		
September	7.2018	
Dated Signature	usan M. Budowski	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	Susan Budowski	
	(Typed or printed name of person signing)	
	Registered Agent	
	(Title of person signing)	

• • •