P97000015579

| | (Requestor's Name) |
|----------------------|----------------------------|
| | |
| | (Address) |
| | |
| | (Address) |
| | (1001000) |
| | (Ott.)(Ott.)- [7] - [D) +0 |
| | (City/State/Zip/Phone #) |
| PICK-UI | P WAIT MAIL |
| | |
| | |
| | (Business Entity Name) |
| | |
| | (Document Number) |
| | |
| Certified Copies | Certificates of Status |
| | |
| Special Instructions | to Filing Officer |
| | , 10 / mmg = /// |
| | |
| | |
| ĺ | |
| | |
| | |
| | |
| | |





700347716377

07/10/20 -01023--000 Augs.00

2020 (". _ 10 Pii 2: 3⁴

Amend

AUS 2 1 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO | ORATION: WILLENBORG II | NTERNATIONAL, INC. | |
|------------------------|---|--|--|
| DOCUMENT NUN | 4BER: P97000015579 | | |
| | es of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | respondence concerning this ma | itter to the following: | |
| | SUSAN W. WILLENBORG | | |
| | , | Name of Contact Person | n |
| | WILLENBORG INTERNAT | ΓΙΟΝΛL | |
| | | Firm/ Company | |
| | 555 NE 34TH STREET, AP | Γ. 2207 | |
| | | Address | |
| | MIAMI, FL 33137 | | |
| | | City/ State and Zip Cod | e |
| | DMNEWBY@TDSLAWYE | RS.COM | |
| | E-mail address: (to be u | sed for future annual report | notification) |
| For further informati | ion concerning this matter, plea | se call: at (³⁰⁵ | 576-6739 |
| Name of Contact Person | | | de & Daytime Telephone Number |
| Enclosed is a check | for the following amount made | payable to the Florida Dep | artment of State: |
| S35 Filing Fee | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address | | | Address |
| | nendment Section vision of Corporations | | Iment Section on of Corporations |
| | O. Box 6327 | | entre of Tallahassee |
| Tallahassee, FL 32314 | | 2415 8 | V. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| WILL | LEMBORG | INTERNATIONAL | INC. |
|------|---------|---------------|------|

| WIELENDORO INTERNATIONAL, INC. | |
|---|---|
| · | y filed with the Florida Dept. of State) |
| 97000015579 | |
| (Document Number of | Corporation (if known) |
| ursuant to the provisions of section 607.1006, Florida Statutes, this F s Articles of Incorporation: | Clorida Profit Corporation adopts the following amendment |
| . If amending name, enter the new name of the corporation: | |
| | The new |
| ame must be distinguishable and contain the word "corporation," "co Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A." | |
| 8. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | |
| . Enter new mailing address, if applicable: | 20 |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | ت |
| | PE |
| | |
| . If amending the registered agent and/or registered office addre | _ |
| new registered agent and/or the new registered office address: | |
| Name of New Registered Agent | |
| | |
| (Florida stre | vet address) |
| New Registered Office Address: | . Florida |
| | (City) (Zip Code) |
| | |
| | |
| ew Registered Agent's Signature, if changing Registered Agent: | |
| hereby accept the appointment as registered agent. I am familiar w | |
| | |
| | |
| | |
| Signature of New Reg | gistered 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> | 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) X Change | <u>P</u> | SUSAN W. WILLENBORG | 555 NE 34TH STREET |
| Add | | | APT. 2207 |
| Remove | | | MIAMI, FL 33137 |
| 2) Change | | | <u> </u> |
| Add | | | |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Parrova | | | |

| tach additional shee | g additional Article | s, enter chang | ets) nere: | | | |
|----------------------|----------------------|----------------|------------------|-------------------|---------------------------------------|---|
| taen aaamonai snee | is, ij necessary). (| ne specific) | | | | |
| | | | | | | |
| | | | | | | |
| | | | | <u> </u> | | |
| | | | | | | |
| | | - | | | | |
| | | | | | | |
| | | | | | | |
| | ~ | | | · | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| • | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <u>.</u> | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | _ |
| | | | | | | |
| - | | | - | | | |
| | | | | | | |
| an amendment nro | vides for an exchan | na raclassific | ation or cancell | ation of icenad c | thoras | |
| rovisions for imple | menting the amend | ment if not co | ntained in the a | mendment itself | i: | |
| (if not applicable, | indicate N/A) | | | | - | |
| | | | | | | |
| | | - | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | - | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| The date of each amendment(s) a | loption: | , if other than the |
|---|--|-------------------------------------|
| date this document was signed. | | |
| 05/2 Effective date <u>if applicable</u> : | 6/1997 | |
| Effective date it applicable: | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the Do | lock does not meet the applicable statutory filing requirements, partment of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without sharehol | der action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amer officient for approval. | ndment(s) |
| ` ' · • • | proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment | |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| | • | |
| by SUSAN W. WILLENI | (voting group) | |
| Dated/ | usan W. Willenton | |
| Signature_ | usan W. Willenton | |
| | rector, president or other officer - if directors or officers have no | |
| | d, by an incorporator – if in the hands of a receiver, trustee or of led fiduciary by that fiduciary) | her court |
| appoin | | |
| | SUSAN W. WILLENBORG | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |