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COYER LETTER

TO: Amendment Section Division of Corporations		
Division of Corporations	11/2:1 In	
NAME OF CORPORATION:	Weigt Inc	•
ļ.	99 00000 15	17
DOCUMENT NUMBER:	11000010	· /
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
M	Name of Contact Person	
	Name of Contact Person	
	Weigt Inc.	
16	280 E. Pin	ilico Drive ,FL 33470.
•	Address	271170
	oxanatchee	, FL 30410.
	City/ State and Zip Code	
melind	aweigt@01	nail.com
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
Melinda Weigt	at 561	,317-6492
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section		ment Section
Division of Corporations		n of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

We	igt, Inc.			
(Name of Corporation as c	urrently filed with the F	lorida Dept. of Stat	(<u>c</u>)	
P9	900000151	7		
(Document Nu	mber of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florida Statuto its Articles of Incorporation:	es, this <i>Florida Profit Co</i>	rporation adopts the	following amendment	(s) to
A. If amending name, enter the new name of the corporat	ion: N/A		The new	
name must be distinguishable and contain the word "corp." "Inc.," or Co.," or the designation "Corp.," "Inc word "chartered," "professional association," or the abbrev.	," or "Co". A professio	or "incorporated" nal corporation na	or the abbreviation me must contain the	
B. Enter new principal office address, if applicable:		14/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
(Principal office address MUST BE A STREET ADDRESS	,		41 339 610	
•			EN SE	-
				Carre Land
C. Enter new mailing address, if applicable:		NA	$\mathcal{L}_{\mathcal{O}}^{\mathcal{A}}$	ी %स्टुटन
(Mailing address MAY BE A POST OFFICE BOX)		14/1	က်က 🔀	
			<u> </u>	
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			רדו ס	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		ter the name of the	Ŀ	
Name of New Registered Agent	M	/A		
Mane of New Negatiered Agent	1			
(E).	orida street address)			
(FK	orida sireel daaress)			
New Registered Office Address:	(0)	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		e obligations of the p	osition.	
	14A			
	ιγ/ ,			

Signature of New 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: XChange	PT Jo	ohn Doc	
X Remove	<u>v</u> <u>M</u>	like Jones	
_X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One) 1) Change Add	Title S	Horst Weigt	5073 Woodstone Cir. Lake Worth FL 33463
Remove 2) Change			<u> </u>
Add			
3) Change Add Remove			
4) Change Add		 	
Remove 5) Change			<u></u>
Add			
6) Change	*****		
Add			

(Attach additional sheets, if necessary). (Be specific) NA	
	
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$\dot{\mathcal{M}}$	
'. If an amendment provides for an exchange, reclassification, or cancellation of Issued shares,	
provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	
(g not applicable, marcule (NA) NA	
······································	
<u></u>	
· ,	
NA	

The date of each amendment(s) adoption	5/29/19	, if other than the
date this document was signed.	r/nal.	
Effective date if applicable:	(no more than 90 days after amendment fi	ile data)
	(no more than 90 days after amenament fi	ие шие)
Note: If the date inserted in this block do document's effective date on the Departme	oes not meet the applicable statutory filing requint of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for approval.	the amendment(s)
	by the shareholders through voting groups. The footing group entitled to vote separately on the amount	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action	n and shareholder
• •	y the incorporators without shareholder action and	d shareholder
action was not required.	-100/	
Dated5	129/19 Ing	
	Ing 2	
Signature	president or other officer – if directors or officer	n have not have
	n incorporator – if in the hands of a receiver, trust	
appointed fidu	iciary by that fiduciary)	
	Melinda Weigt (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	