## 573199

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: WNK CO, INC.		
DOCUMENT NUM	IBER: \$73199		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Andreina Ozuna		
		Name of Contact Person	n
	WNKCO, INC.		
	<del></del>	Firm/ Company	<del></del>
	901 Pennsylvania Avenue,	, #3	
		Address	
	Miami Beach FL 33139		
		City/ State and Zip Cod	e
ZOI	DIACF1@AOL.COM		
-	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Andreina Ozuna		786	502-8085
Namo	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

W N K CO, INC.			
(Name	of Corporation as currently	filed with the Florida Dept. of State)	
S73199			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "C	Co". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		901 PENNSLVANIA AVENUE, #3	
		Miami Beach FL 33139	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		901 PENNSLVANIA AVENUE, #3	18 550
		Miami Beach FL 33139	DEC
		; ; 	
D. If amending the registered agent an new registered agent and/or the ne			AH 8: 22
Name of New Registered Agent	Andreina Ozuna		デー た 
	901 PENNSYLVANIA AV	'ENUE, #3	
	(Florida stre	et address)	<del></del>
New Registered Office Address: Miami Beach		. Florida	139
	(	City)	(Zip Code)
New Registered Agent's Signature, if c		City)	(Zip Code)
I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligations of the posi	tion.
	Sal		
	Signature of New Re	gistered Agent, if changing	<del></del>

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	PD	GORAN PECOTIC	1602 ALTON ROAD
Add			Miami Beach FL 33139
X Remove			
2) Change	D	ANDREINA OZUNA	901 PENNSYLVANIA AVE #3
X Add			Miami Beach FL 33139
Remove			
3 ) Change	<del></del>		
Add			- <del></del>
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			<del></del>
Remove			<del></del>
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
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for anodement annually for the	
<u>i an amenument provides for an excha</u>	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amon	edmont if not contained in the consequence to the
provisions for implementing the amen	idment if not contained in the amendment itself:
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	010140	
1) Effective date <u>if applicable</u> :	2/6/18	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this da 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 a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment( sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	er
action was not required.	adopted by the incorporators without shareholder action and shareholder	
12/6/18 Dated		
Signature	Apple director, president or other officer – if directors or officers have not been	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other combinted fiduciary by that fiduciary)	
	Andreina Ozuna	
	(Typed or printed name of person signing)	<del></del>
	Director	
	(Title of person signing)	