# V11432

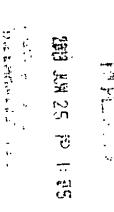
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#### COVER LETTER

Division of Corporations
NAME OF CORPORATION: Winthrop Holdings, Inc.  DOCUMENT NUMBER: V11432
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janet Marley  Janet C. Lagerstrom PA  Firm/Jompany  P.O. Box 280  Address  Jensen Beach, FL 34958  City/ State and Zip Code  JCLPA1@comcast.net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Janet Marley at 772, 334-3772  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee  □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee

#### **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### Articles of Amendment

to

## Articles of Incorporation

Winthro	op Holdings, In	<u>C.</u>	
( <u>Name of Corpo</u>	ofation as currently filed with the Florida Dep	t. of State)	
<u> </u>	<u> 11 432                                      </u>		
(De	ocument Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Flats Articles of Incorporation:	orida Statutes, this Florida Profit Corporation a	dopts the follow	ing amendme
A. If amending name, enter the new name of the	he corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coord" chartered," "professional association," or	Corp." "Inc." or "Co". A professional corpora		abbreviation
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u> .			
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BANY		
totating dualess STAT BE A POST OPPTICE			
2. If amending the registered agent and/or reg	tistered office address in Florida, enter the nav	ne of the	
new registered agent and/or the new register			
Name of New Registered Agent			
	-		
	(Florida street address)		_
New Registered Office Address:		, Florida	
New Register Confee Strates.	(City)		p Code)
			2 2 3
			### * * * * * * * * * * * * * * * * * *
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		is of the position	
	,	•	
		'	<b>3</b> ∀2.7
		· · ·	<u>:                                    </u>
	Signature of New Registered Agent, if changing		ກ <u>ີ</u>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. The 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 Chemike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Johr</u>	ı Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PST	Jack Marley	39 W. High Poin
Add		l	Stuart, FL 349
X Remove		. 1.	
2) Change	PSI	Jack Marley, Tru:	stee
X Add		·	34 W. High Poin
Remove			Stuart, FL 3
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
б) Change			
Add			
Remove			

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)	icles, enter change(s) here: (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this discurrent's effective date on the Department of State's records.	late will not be listed a
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated June 19, 2019	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)  (Typed or printed name of person signing)	
President Secretary Tra	eusurer