P19000035649

(Requestor's Name)	
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2022 APR 12 AM 7: 52

Cf 5/14/2022

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: WE SHOW UP SERVICES INC DOCUMENT NUMBER: P19000035649 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAILA SABRY Name of Contact Person WE SHOW UP SERVICES INC Firm/ Company 6900 TAVISTOCK LAKES BLVD STE 400 Address ORLANDO, FL 32827 City/ State and Zip Code lailaofarabia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAILA SABRY Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

WE SHOW HE SERVICES INC.

2022 APR 12 AM 7:52

ME SHOM OF SERVICES INC	TOTE WILL 1. 25
(Name of Corporatio	on as currently filed with the Florida Dept. of State)
219000035649	TALLAHASSEE, FL
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida is Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp." "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable;	
Principal office address <u>MUST BE A STREET ADD</u>	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u></u> _
	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered o	office address;
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
Ten Haganer en Office Than ess.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regis	stered Agent:
nereny accept the appointment as registerea agent. T	am familiar with and accept the obligations of the position.
Signa	ture of New Registered 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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	ELISZANGELA DA SILVA RODRIGUES	3057 SOMERSET PARK DR
X Add				ORLANDO. FL 32824
Remove				
2) Change				
Add				
Remove 3) Change		_	- -	
Add				
Remove				
4) Change		_		
Add				
Remove			<u>-</u>	
5) Change				
Add				
Remove			-	
6) Change		_		
Add				
Remove				

E. If amending or adding addition (Attach additional sheets, if necessity)		
ARTICLE IX		
The names and street addresses and	the number of shares subscribed to by the subscriber is:	
Name:	Shares:	
LAILA SABRY	500	
3057 SOMERSET PARK DR		
ORLANDO, FL 32824		
ELISZANGELA DA SILVA RODE	RIGUES 500	
3057 SOMERSET PARK DR		
ORLANDO, FL 32824		
F. If an amendment provides for a	an exchange, reclassification, or cancellation of issued shar	es,
provisions for implementing the (if not applicable, indicate in a second control of the provisions of	he amendment if not contained in the amendment itself:	_
-		

The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, the tment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder	raction and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendrient for approval.	nent(s)
	ed by the shareholders through voting groups. The following sta h voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated 04/0	5/22	
Dated 04/0. Signature 20	17a Saby	
selected, by	or, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other iduciary by that fiduciary)	
LA	ILA SABRY	
	(Typed or printed name of person signing)	
PRI	ESIDENT	

(Title of person signing)