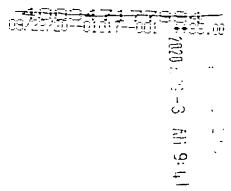
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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Certified Copies	Certificate:	s of Status
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COVER 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:

ALWYN MORGAN JR	
Name of Contact Person	
PRECISE TAX & ACCOUNTING SERVICES	
Firm/ Company	
801 W STATE RD 436 SUITE 2035	
Address	
ALTAMONTE SPRINGS, F1. 32714	
City/ State and Zip Code	
we.show.up.services.inc@gmail.com	
E-mail address: (to be used for future annual report potitication)	

For further information concerning this matter, please call:

ALWYN MORGAN JR

at (407) 339-2707

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:

S35 Filing Fee

Certificate of Status

Certified Copy
(Additional copy is enclosed)

Certified Copy
(Additional Copy is enclosed)

Certified Copy
(Additional Copy is enclosed)

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WE SHOW UP SERVICES INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	1	
P19000035649		~	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the followi	ng amendmer	
A. If amending name, enter the new name of the corporation:			
		The_new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must conto	ion "Corp.," iin the word	
B. Enter new principal office address, if applicable:	6900 TAVISTOCK LAKES BLVD		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	STE 400		
	ORLANDO, FL 32827		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6900 TAVISTOCK LAKES BLVD		
	STE 400		
	ORLANDO, FL 32827		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent		_	
	treet address)	_	
(r toriau s	areet auaress)		
New Registered Office Address:	, Florida	Code)	
	(2.4)	· C.oue.)	
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent.—I am familia	r with and accept the obligations of the position.		
Signature of New	Registered Agent, if changing		

Check if applicable

 \square 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.

X Change	<u>PT</u> <u>Je</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	V	MAURICIO MAURICIO SERVIN	6900 TAVISTOCK LAKES BLVI
Add			STE 400
Remove			ORLANDO, FL 32827
2) Change	P	MELENDEZ DIAZ ANTHONY	6900 TAVISTOCK LAKES BLVI
X Add			STE 400
Remove 3) Change			ORLANDO, FL 32827
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional she	eets, if necessary).	les, enter chang (Be specific)			
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If an amendment pr	ovides for an exch:	moe, reclassific	ation, or cancell:	ution of issued sha	res.
provisions for impl	ementing the amen	dment if not co	ntained in the ar	nendment itself:	
(if not applicabl	'e, indicate N/A)				
			-		
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, . The date of each amendment(s)	adoption:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requireme Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
	(voting group)	
(17/27/20) Dated	20	
Signature /	h M	
selec	director, president or other officer – if directors or officers hav ted, by an incorporator – if in the hands of a receiver, trustee, o inted fiduciary by that fiduciary)	e not been rother court
	ALWYN MORGAN JR	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	