## P00000007672

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR		eo, inc.			
DOCUMENT NU	JMBER:				
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.			
Please return all co	orrespondence concerning this ma	itter to the following:			
	AIDA R SALAN				
	Name of Contact Person West Dollar & Video, Inc.				
		Firm/ Company			
	16336 NW 88 AVE				
Address HIALEAH, FL 33018					
		City/ State and Zip Code	<del></del>		
	westdollar68@gmail.com	,			
	E-mail address: (to be us	sed for future annual report	notification)		
For further inform AIDA R SALAN	ation concerning this matter, pleas	se call: 305 at (	440-7111		
Na	me of Contact Person		de & Daytime Telephone Number		
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	e ☐\$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		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

West Dollar & Video, Inc.

(Name of Corporation as current	tly filed with the Florida Dept. of	State)
00000007672		
(Document Number	of Corporation (if known)	<del></del>
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts	the following amendmen
. If amending name, enter the new name of the corporation:		
		The new
ame 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	
. Enter new principal office address, if applicable:	16336 NW 88 AVE	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	HIALEAH, FLORIDA 33018	
Fator now exiling address if applicable.		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
<ul> <li>If amending the registered agent and/or registered office address new registered agent and/or the new registered office address</li> </ul>		<u>f the</u>
Name of New Registered Agent	<del></del>	
Name of New Negimerea Agent		
(Florida și	reet address)	
New Registered Office Address:		المائد.
New Registerea Office Address:	(City)	orida <i>(Zip Code)</i>
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar		the position.
	, ,	•
Signature of New i	Registered Agent, if changing	<del></del>
•		
heck if applicable		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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 = CF Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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 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>	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>	Address
X 1) Change	PST	AIDA R SALAN	16336 NW 88 AVE
Add			HIALEAH, FL 33018
Remove			
2)Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change		_	
Add			
Remove			

ttach additio	onal sheets, if ne	<mark>ional Articles, en</mark> cessary). (Be sp	vecific)	<del></del>		
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an amenda	nent provides fo	or an exchange, register the amendment	eclassification,	or cancellation	of issued shares	ŗ
(if not a	oplicable, indica	te N/A)				
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(9/28/2020	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
10/01/2020	
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 document's effective date on the Department of State's records.	date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stat must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
09/28/2020 Dated Signature	
(By a diffector, president or other officer - if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
AIDA R SALAN	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	<u> </u>