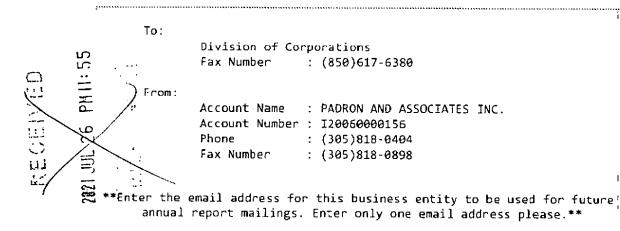


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COR AMND/RESTATE/CORRECT OR O/D RESIGN WEST COAST FORMAL WEAR, INC.

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COVER LETTER

TO: Amendment Section	
Division of Corporations	

NAME OF CORPORATI	V	AST FORMA	L WEAR, II	VC.
DOCUMENT NUMBER:	P150000527	03		
The enclosed Articles of An	nendment and fee are su	bmitted for filing.		
Please return all correspond	ence concerning this ma	tter to the following:		
RA	LPH PADRO	N		
		Name of Contact Pe	renn	-
PA	DRON & ASS			
		Firm/ Company		
209	95 W 76TH S	• •		
		Address		
HI	ALEAH, FL 33	3016		
		City/ State and Zip (ode	
RALP	H@RALPHPA	ADRON.COM		
	E-mail address: (to be us			
		·		
For further information conc	erning this matter, pleas	c call:		
RALPH PADRO	N	_{at} 305	、818-040	04
Name of Cor	itact Person		Code & Daytime Te	
Enclosed is a check for the f	ollowing amount made p	nayable to the Florida D	epartment of State:	
■ \$35 Filing Fee □	3\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	E S52.50 Filing Certificate of Certified Cop (Additional C is enclosed)	Status by
P.O. Box 6	nt Section f Corporations	Am Div Clif 266	et Address endment Section ision of Corporations ton Building I Executive Center C ahassec, FL 32301	

Articles of Amendment Articles of Incorporation

WEST COAST FORMAL WEAR, INC.

The state of the s (Name of Corporation as currently filed with the Florida Dept. of State) P15000052703 (Document Number of Corporation (if known)

amendment(s) to

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co or the designation "Corp," "Inc." or "Co". A prefessional corporation name must oword "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Nume of New Registered Agent
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
new registered agent and/or the new registered office address:
Nume of New Registered Agent
(Florida street address)
New Registered Office Address, Florida

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	
\underline{X} Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP_	MARQUEZ, OSMAY	2800 E 11TH ST
Add Remove			LEHIGH ACRES, FL 33972
2) Change	P	GARCIA, YULEIMY	2800 E 11TH ST
Add Remove 3) Change			LEHIGH ACRES, FL 33972
Add Remove 4) Change			
Remove Change Add			
Remove 6) Change Add Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u></u>	
	····································
	
If un amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclussification, or cancellation of issued shares, endment if not contained in the amendment itself:

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	27
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The date of each amendment(s) adoption:	, if c	other than	the
date this document was signed.			
Effective date if applicable:			
(no more than 90 days after amendment file date)			
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.			
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	I	TALLA ALLA	ZIIZI J
"The number of votes cast for the amendment(s) was/were sufficient for approval		語。 の のこ	17 Th
by		[] []	-
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder		FLORE	i D
action was not required		#20 [·	C
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.			
Dated 07/26/2021			
Signature			
(By a director, prefixed or other officer—: I directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
YULEIMY GARCIA			
(Typed or printed name of person signing)	_		
PRESIDENT			
(Title of person signing)	- ;		