

P20000077524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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N/C Amend

FILED

2023 APR 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2023 APR 21 PM 3:45

RECEIVED

FLORIDA

A. RAMS.

APR 21

A. RAMSEY
APR 24 2023

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$35.00

Authorization Signature: _____

Jan Felt

:

WECOMM CORP

P20000077524

BUSINESS NAME

DOCUMENT #

☐ Certified Copy of Articles of Incorporation

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ CORP

☐ LLLP

AMMENDMENTS

X Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Conversion

☐ Amended and restated Articles

☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE

☐ Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WECOMM CORP

DOCUMENT NUMBER: P20000077524

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Wyche

Name of Contact Person

WECOMMERCE CORP

Firm/ Company

1101 BRICKELL AVE. SUITE #310381

Address

MIAMI, FL 33231

City/ State and Zip Code

paulmwyche@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Wyche at (305) 781-5753

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 &
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

From: Paul Wyche paulmwyche@outlook.com
Subject: WEcommerce
Date: April 24, 2023 at 4:02 PM
To: Rich Fillmon floridacapitalcourierservices@gmail.com, annette.ramsey@dos.myflorida.com

Hi Annette,

I am the authorized person for Wecommerce LLC and I am giving permission for the corporation to change its name to Wecommerce Corp.

Thanks,

Paul Wyche
305-7815753

A handwritten signature in black ink, appearing to read "P. Wyche", with a stylized flourish at the end.

Articles of Amendment
to
Articles of Incorporation
of

FILED

WECOMM CORP

2023 APR 21 PM 3:43

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000077524

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Wecommerce Corp

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "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:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

1) _____	Change	_____	_____	_____
_____	Add			_____
_____	Remove			_____
2) _____	Change	_____	_____	_____
_____	Add			_____
_____	Remove			_____
3) _____	Change	_____	_____	_____
_____	Add			_____
_____	Remove			_____
4) _____	Change	_____	_____	_____
_____	Add			_____
_____	Remove			_____
5j) _____	Change	_____	_____	_____
_____	Add			_____
_____	Remove			_____
6) _____	Change	_____	_____	_____
_____	Add			_____
_____	Remove			_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach *additional sheets, if necessary*). (Be specific)

Please also add the EIN 84-3590011 to this as well with the name change.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. 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)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 4/21/2023
(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

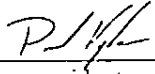
☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ 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):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

Dated 4/21/2023

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 court appointed fiduciary by that fiduciary)

Paul Wyche

(Typed or printed name of person signing)

Founder & CEO

(Title of person signing)