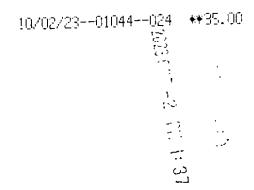
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: WEST COAST M	ULTISERVICES INC		
	IBER: P21000043893			
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	KENIA LUIS			
		Name of Contact Person	1	
		Firm/ Company		
	8408 WOODHURST DR			
	TAMPA FLORIDA 33615	Address		
		City/ State and Zip Cod	<u> </u>	
	DAMIANVILLAR2003@Y.	аноо.сом		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
KENIA LUIS		at (<u></u>) <u>3819358</u>	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filling 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		Amend	Address Iment Section	
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee		
	llahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment ŧυ Articles of Incorporation of

WEST COAST MULTISERVICES INC

(Name of Corporation	as currently filed with the F	lorida Děpt. of State)	::37
P21000043893			71. 1.37
(Documen	nt Number of Corporation (if)	known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Florida Profit Co</i>	erporation adopts the fe	ollowing amendment(s
A. If amending name, enter the new name of the corp	oration:		
TAX WORLD AND MULTISERVICES INC			The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc." o "chartered," "professional association," or the abbrevia	n "Co". A professional co		reviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, e	nter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Ftorida	(Zip Coder
	(Ciţy)		(Zif) Code)
New Registered Agent's Signature, if changing Registo hereby accept the appointment as registered agent. La.	ered Agent: m familiar with and accept th	e obligations of the pos	sition.
Signatur	rc of New Registered Agent, i,	f 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 Doc		
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>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove			-	
4) Change				
Add				
Remove			_	
5) Change				
Add				
Remove			_	
6) Change		_		
Add				
Remove				

Attach <i>additio</i>	r <mark>adding additional A</mark> ial sheets, if necessary), (Be specific)				
						
	••					
 -						
· · · · · · · · · · · · · · · · · · ·						
f an amendm	ent provides for an ev	change, reclassif	ication, or cancell	ation of issued sh	ares,	
provisions for	implementing the ar	mendment if not o	ontained in the ar	mendment itself:	·	
(if not ap)	dicable, indicate N/A)					
		 -				
						

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09/27/2023	
	er than the
date this document was signed.	
09/27/2023 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 date will not be li document's effective date on the Department of State's records.	sted as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
(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)	
KENIA LUIS	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_

. .