## P22000027263

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SECRETARY OF STATE CORPORATIONS

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WESTCOMEX SO	OLUTIONS CORP	<del>-</del>
DOCUMENT NUM	BER: P22000027263		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	KAROLINA TORRES		
		Name of Contact Person	1
	KTORRES SERVICES COR	₹P	
		Firm/ Company	
	201 SE 15TH TER STE 211		
		Address	
	DEERFIELD BEACH FL 33	441	
		City/ State and Zip Code	2
	ktorres@ktorresservices.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call: 954	380-0755
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	of Corporation as current	ly filed with the Flor	ida Dept. of State)
22000027263			
	(Document Number of	of Corporation (if kno	wn)
ursuant to the provisions of section 607 stricles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corpo	ration adopts the following amendment(s)
. If amending name, enter the new n	ame of the corporation:		
			The new
tme must he distinguishable and contain nc.," or Co.," or the designation "( chartered," "professional association,	Corv." "Inc." or "Co"	4 professional corno	porated" or the abbreviation "Com"
Enter new principal office address,	if applicable:		
rincipal office address <u>MUST BE A S</u>	STREET ADDRESS )		
		<del></del> ,	
Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)	<u>_</u>	
If amending the registered agent ar	nd/or registered office addi	ress in Florida, enter	the name of the
new registered agent and/or the new	w registered office address	<u>:</u>	<del>_</del>
	Marcos Teixeira		
Name of New Registered Agent		_	
Name of New Registered Agent	382 NW 35th Ln	-	
Name of New Registered Agent		eet address)	
		eet address)	33431
Name of New Registered Agent  New Registered Office Address:	(Florida str. Boca Raton	eet address) (City)	, Florida 33431 (Zip Code)

Signature of New Registered Agent, if changing

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Alan Freitas de Souza	3111 NE 9th Ave
Add			Pompano Beach FL 33064
x Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
•	7.7	
<del></del>		
-		
an amendment provides for an excha	nge, reclassification, or cancellation of issued shares,	
i ovisions for implementing the amen-	dment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	<del></del>	
		—

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> 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)
07/14/2022 Dated
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)
MARCOS TEIXEIRA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)