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COVER LETTER

Division of Corporations				
NAME OF CORPORATION:	WollB	MULTI-5	STRUICES,	Corp.
NAME OF CONTOLOGUES.				
DOCUMENT NUMBER:	24000	013147	<i></i>	

The enclosed Articles of Amendment and fee are submitted for filling.

TO: Amendment Section

Please return all correspondence concerning this matter to the following.

JAER Y. JALLER YEPES
Name of Contact Person
WOLAD HOLTI-SERVICES, Corp.
Firm/ Company
1637 JOHNSON ST APT #1
Address
HOLLY WOOD, FL 33020
City/ State and Zip Code
u orld multistazuices corp 1 agmail. (com)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIN Y. JALLEIZ YE	EDES at (954	839	4280.
Name of Contact Person		Area Code &	Daytime Tele	ephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

FI	LED
24 MAR	- <i>ED</i>
24 MAR -4	AM 8: 47
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	1 4H 8: 47
(Name of Corporation as currently I	iled with the Florida Dept. of State) LAMASS E. FLORIDA
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006 . Florida Statutes, this Fl its Articles of Incorporation.	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: (CRID MACTICES)	CORP The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particle of the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.,"
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:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t 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 wi	th and accept the obligations of the position.
Signature of New Re-	gistered Agent, if changing

Check if applicable

To 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)

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 = 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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
l) Change		_			
Add					
Remove					
2) Change					
Add					
Remove 3) Change		_			
Add				-	
Remove					. •
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

	sheets, if necessary				
	N/A				
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		exchange, reclass	ification, or cance	lation of issued sl	nares.
If an amendme	<u>nt provides for an</u>	amandment if not	contained in the	imendment itself:	
provisions for	implementing the	Amendment it no.			
provisions for en not app	implementing the Beable, indicate N.,	amendment is ac-			
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et not app	implementing the Beable, indicate N.,	Amendment is ac-			

. . .



The date of each amendment(s) ac	loption:	, if other than the
late this document was signed		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	v date)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requireartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
If The amendment(s) was were ado action was not required	oted by the incorporators, or board of directors without s	shareholder action and shareholder
The amendment(s) was were ado by the shareholders was were suf	oted by the shareholders. The number of votes east for the form for approval.	he amendment(s)
The amendment(s) was were appropriately provided for a	royed by the shareholders through voting groups. The fa- such voting group entitled to vote separately on the une	dlawing statement ndment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 2. 2.4	4. 2024 Cector, president or other öfficer – if directors or officers	
selected	ector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	have not been e, or other court
	JAIR Y JAILER YEPES (Typed or printed name of person signing)	
-	(Typed or printed name of person signing)	
_	Title of person signing)	
_	(Title of person signing)	