N20 00000 3806

(Re	equestor's Name)	
(Ac	ddress)	
,	·	
(A)	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Nan	
id)	usiness Enuty ivan	nej
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

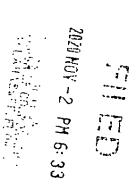
Office Use Only



700354387987

11/02/20--01008--020 **35.00

9 2020 **S. YOUN**G



COVER LETTER

Division of Corporations
NAME OF CORPORATION: 5 Fold Glubal Traveling Network, Inc
DOCUMENT NUMBER: N200003806
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas Douglas (Name of Contact Person)
5 Fold Global Traveling Network, Inc
9238 Plantation Estates Drive
Royal Palm Beach, Florida 33411
TSCONSUITE QULICOM F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Douglas at 154-914-0289 (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 \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is Enclosed)

Articles of Amendment

to
Articles of Incorporation
of

5 Fold Global Tr	aveling Network, Inc.
(Name of Corporation as currently filed with the Flor	rida Dept. of State()
1 2 00 00 00 3 (Document N	Number of Corporation (if known)
	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	(ESS)
	NOV Y
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	6.3
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	—— W/A
New Registered Office Address:	(Florida street address)
	(City), Florida(Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent: am familiar with and accept the obligations of the position.
тистоў весері те арронитет вы гедыегей адет. Те	A A
	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.

mine bones, r as nemor	c, and bany billi	i, or the an ribu.	
Example: X Change X Remove X Add	PT John V Mike SV Sally	Jones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Bec.	LashelleFarrington	Ball 4741 NW 41st ct
Remove 2) Change Add	Dir	John Jackson	40DSW 1St AVE #3244 DCAIQ FL 34478
Remove 3) Change Add Remove			AA
4) Change Add			-A-1-1-
Remove 5) Change Add Remove			
6) Change Add Remove			A/A
E. If amending or additional she		rticles, enter change(s) here: (Be specific)	
-		-N/A	
	<u> </u>	l l	

Λ / /	
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	, if other than the

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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members emitted to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 10/22/2020	
Signature (By the chairman or vice chairman of the board, president or other officer-if directors	
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Thomas Dolla 195 (Typed or printed name of person signing)	
Director Registered	Agent