## P0500077197

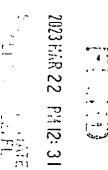
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J 3123/2023

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WOW FACTOR MARKETING GROUP, INC	
Please Debit 120000000257 For: 35	
Thank you Seth Neelcy	
1-4-7	
Delg/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
'	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Start	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC H Retrieval
Walk-In Will Pick Up	Courier

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: WOW FACTOR M	ARKETING GROUP, IN	C.	
DOCUMENT NUM	P05000077197			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Virginia Talles			
		Name of Contact Perso	n	
	Wow Factor Marketing Group, Inc.			
	Firm/ Company			
	804 S Douglas Rd, Ste 500			
		Address		
	Coral Gables, FL 33134			
		City/ State and Zip Cod	le	
	virginia@wowmktg.com			
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further informati	on concerning this matter, pleas	se call:		
Virginia Talles		305	ode & Daytime Telephone Number	
Name	of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Dep	partment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amen Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	



March 21, 2023

CAPITAL CONNECTION, INC.

SUBJECT: WOW FACTOR MARKETING GROUP, INC.

Ref. Number: P05000077197

We have received your document for WOW FACTOR MARKETING GROUP, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

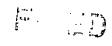
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II



Letter Number: 723A00006476

## Articles of Amendment to Articles of Incorporation of



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

2023 MAR 22 PM IS

WOW FACTOR MARKETING GROUP, INC.	2023 FIMA 22 PH 12: 3
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P05000077197	TALLES SE ATT
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. Hamending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.2	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del>.</del>
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address	
Name of New Registered Agent	
· ·	street address)
New Registered Office Address:	(Civ) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable	

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 Doc 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	PT	John Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	VD	HEIDE K DANS	804 S DOUGLAS RD, STE 500
Add			CORAL GABLES, FL 33134
Remove 2) Change	S	CAROLINA DANS	8880 SW 82ND ST
X Add			MIAMI, FL 33143
Remove Change			
Add			
Remove 4) Change	<del></del>		
Add Remove			
5) Change			
Add Remove			
6) Change	<u> </u>		
Add Remove			

Attach additional sh	ing additional Articleets, if necessary).	(Be specific)				
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•				,		
If an amendment pr	rovides for an excha	nge, reclassifica	<u>ition, or cancella</u>	tion of issued shar	<u>cs,</u>	
provisions for imp	lementing the amen	dment if not cor	<u>itained in the am</u>	endment itself:		
(if not applicab	le, indicate N/A)					
·	<del></del> : ·		··-		-	
			<del></del>			<del> </del>
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•

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
· .		
Effective date if applicable:	(no more than 90 days after amendment file dat	
	(no more than 90 days after amenament fite dat	e)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirementment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of directors without share	holder action and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the articlent for approval.	mendment(s)
	oved by the shareholders through voting groups. The followich voting group entitled to vote separately on the amendment	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
bv	.,	
•	(voting group)	
3/17/2023 Dated		
Signature	- Carrier Carr	
selected,	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or I fiduciary by that fiduciary)	
	Jose Dans	
_	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	