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CT 12/9/2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	:W	IRELESS.	MARVELS INC.
DOCUMENT NUMBER:	P Ø 5	9881952	MARVELS INC. 34
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.	
Please return all correspondenc	e concerning this ma	tter to the following:	
	1	Maskan	_
	747	Moskowiz Name of Contact Perso	
	WIR	PELESS MAR Firm/ Company	ZVELS INC.
		• •	
	775	4 OKEECHOE	BEE BUS, PMB 855
		Address	
	WEST F	PALM BEACH,	FL 33411-2106
		City/ State and Zip Cod	le
	_	DIRELESS MARY	
E-n	,	ed for future annual report	
For further information concert	ning this matter, pleas	se call:	
JAY MOSK	ow172	a(_56	ode & Daytime Telephone Number
Name of Contac	t Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made	payable to the Florida Dep	artment of State:
	43.75 Filing Fee & ertificate 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 Add	ress	Street	Address
Amendment	Section	Amen	dment Section
Division of C	•		on of Corporations Centre of Tallahassee
P.O. Box 632 Tallahassee. 1			N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation	
of	
WIRELESSMARVELSIN	<u></u>
(Name of Corporation as currently filed with the Fl	01

2033 NOT 21 FATT: 47

rida Dept. of State)

Pos	5000105234	, ,
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida 5 ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
name must he distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corporation name must of	
3. Enter new principal office address, if applicable:	7754 OKEECHOBEE	BLVD, PMB 85
Principal office address <u>MUST BE A STREET ADDE</u>		
	FLORIDA 334	11-2106
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	(SAME AS PRINCIPLA	LADDRESS
		
 If amending the registered agent and/or registere new registered agent and/or the new registered of 		
Name of New Registered Agent	ORN, FRANK	
12	235 WHISTLER WAY	
	(Florida street address)	
New Registered Office Address: BOYN	FON BEACY, FL Florida .	33473
	(City)	(Zip Code)
	; ;	
ow Registered Agent's Signature, if changing Regis	tered Agent:	
hereby accept the appointment as registered agent. To	am familiar with and accept the obligations of the posi	ition.
7	ad Cu	
Signati	ure of New Registered Agent, if changing	
Theck 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:

D

X Change	<u>PT</u> <u>Jol</u>	m Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PT	MOSKOWITZ, JAY	7754 OKSECHOBEE BLV
Add			PMB 855
Remove			WEST PALM BEACH, FL
2) Change	<u> V5</u>	MOSKOWITZ DEBBIE	33411-2106
Add			(SAMÉ ADOREIS
Remove 3) Change			BOTH OFFICERS)
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding add Attach additional sheets, if n	tecessary). (t	Be specific)				
_						
						
						
						
						
					 -	
	<u> </u>					
		<u> </u>				
						
						
					-	
						
						
an amendment provides for	r an evchange	reclassificati	on			
			on, or cancena nined in the an	<u>tion of issued s</u> rendment itself	<u>hares,</u>	
(if not applicable, indicate	? N/A)				<u>-</u>	
			_			
		 -				
						
						

The date of each amendment(s) adoption:date this document was signed.	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors vaction was not required.	rithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes c by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	proval
by	."
by(voting group)	
Dated 11/16/23 Signature Day MorRow	
Signature (By a director, president or other officer – if directors or selected by an incorporator – if in the hands of a received appointed fiduciary by that fiduciary)	
Jay Musicowitz	-
(Typed or printed name of person sign	ning)
PRESIDENT	
(Title of person signing)	