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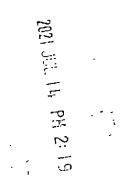
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COVER LETTER

TO: Amendment Section Division of Corporations	Λ	
\searrow \checkmark	dney	Gomez, P.A.
NAME OF CORPORATION:		031122, 1.77.
DOCUMENT NUMBER: PO60	0005	1327
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
720 RUG ORLANDO	Address City/ State and Zip	Person 1-7-2. P.A. 1-7-2. P.A
For further information concerning this matter, please	call:	
Sydney Come 7 Name of Contact Person	at (<u>//</u> /Ar	27) 648-7022 ea Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	iyable to the Florida	Department of State:
S35 Filing Fee	S43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ā D T	treet Address mendment Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

Ydney Comez, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P060000513	327
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	/ 01
ORLANDO WEALTH MA name must be distinguishable and contain the word "corporation," "co	NAGEMENT P.A. The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, " or "incorporated" or the abbreviation "Corp., " 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>)	SAME APPRESS
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A SAINE APPRESS
	SAIME APPRESS
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent // A	
(Florida stre	et address)
1000 411	es - 1
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 w.	ith and accept the obligations of the position.
	2021
	gistered Agent, if changing
Signature of New Reg	gistered Agent, if changing
Check if applicable	<u></u>
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	:), 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: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	2 Jones	
X Add	<u>SV</u> <u>Sally</u>	: Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PST	Sydney Comez	720 RUGBY STREET
Add		/	STE. 200
Remove			DRIANDO FL 32804
2) Change			<u> </u>
Add			
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	eets, if necessary).	(Be specific)	,	1/2	
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f an amendment pr	royides for an exch	ange, reclassifica	ation, or cancellati	on of issued shares	<u>.</u>
<u>provisions for imp</u>	lementing the amer	ange, reclassificandment if not con	ation, or cancellati ntained in the ame	on of issued shares ndment itself:	<u>.</u>
<u>provisions for imp</u>	royides for an exch lementing the amende, indicate N/A)	ndment if not co	ntained in the ame	ndment itself:	<u>.</u>
<u>provisions for imp</u>	lementing the amer	ndment if not co	ntained in the ame	ndment itself:	<u>.</u>
<u>provisions for imp</u>	lementing the amer	ndment if not co	ation, or cancellati ntained in the ame	ndment itself:	<u>.</u>
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<u>provisions for imp</u>	<u>lementing the amer</u>	ndment if not co	ntained in the ame	ndment itself:	
<u>provisions for imp</u>	<u>lementing the amer</u>	ndment if not co	ntained in the ame	ndment itself:	

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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable: filibust 1, 2021	
Effective date if applicable: filibile 7 / 202/ (no more than 90 days after amendment file date)	•
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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 a action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	2021 JUL 11,
by	
by" (voting group)	_
	PH .
Dated 3617 12, 2021	?
	· · · · · · · · · · · · · · · · · · ·
Signature (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary) (Typed or printed name of person signing)	en ourt
(Typed or printed name of person signing) Presides H	
(Tifle of person signing)	

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