## P14 000 013790

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Global Device Inc		
	BER:		
	s of Amendment and fee are su	bmitted for filing.	ŧ
Please return all corn	espondence concerning this ma	tter to the following:	
	James Dillon		
		Name of Contact Pe	rson
	Global Device Inc		:
		Firm/ Company	•
	10230 Collins Ave Apt 201		
		Address	
	Miami Beach, FL 33154		
		City/ State and Zip (	Code
	james.dillon@me.com		
	E-mail address: (to be us	sed for future annual re	port notification)
For further informati	on concerning this matter, pleas	se call:	
James Dillon		at ( <u></u>	606-3489
Name of Contact Person		Area	Code & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida I	Department of State:
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Habassee, FL 32314	An Div Th	reet Address nendment Section rision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Global Device Inc			
(Name of Corporation	as currently filed v	ith the Florida Dept.	of State)
P14000013790			
(Docume)	nt Number of Corpor	ation (if known)	
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	tatutes, this <i>Florida</i>	Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:		
Global Marketing Consulting Inc			The new
name must be distinguishable and contain the word "corp" Inc., " or Co.," or the designation "Corp," "Inc," "chartered." "professional association." or the abbrevi	or "Co". A profes	," or "incorporated" c sional corporation na	or the abbreviation "Corp.," me must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in I	lorida, enter the nan	ne of the
Name of New Registered Agent			
	(Florida street addr	255)	
New Registered Office Address:			Florida
New Registered Office Address.	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	tered Agent: am familiar with and	accept the obligations	s of the position.
	CM - D -i 4	I dans (if the same	
Signati	ure of New Registere	a Agent, ij changing	
Check 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;  $\hat{V}$  \* Vice President;  $\hat{T}$  = Treasurer; S - Secretary; D = Director; TR - Trustec; 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 Doc	
X Remove	Y	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			**************************************
Remove			
4)Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	rticles, enter change(s) here: . (Be specific)
<del></del> -	
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an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(ij not applicable, indicate N/A)	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for fficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The feeach voting group entitled to vote separately on the ame	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by <u>Preside</u>	n <del>+</del>	
0, <u></u>	(voting group)	
Dated <b>0</b> 8/	15/22	
Signature	Jan / Illa	
	rector president or other officer – if directors or officers i. by an incorporator – if in the hands of a receiver, trust	
	ed fiduciary by that fiduciary)	
	James J Dillon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	