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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: UBW (ONSULTING !	SERVICES INC
DOCUMENT NUMBI	ER: <u>P170</u>	00056876	
The enclosed Articles of	f Amendment and fee are su	-	
Please return all corresp	ondence concerning this ma	tter to the following:	
	i. Ju 1	Del WHITE	
_	<u> </u>	Name of Contact Persor	1
_		Firm/ Company	
	1 CORDORA	17 9	
_	1 CURBONI	Address H COAST FL City/ State and Zip Code	
_	PAT	H COURT PL	32137
		City/ State and Zip Code	e
_			
	E-mail address: (to be us	sed for future annual report	nothication)
For further information	concerning this matter, pleas	se call:	
	Contact Person	at (de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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)
Mailing Address			Address
	idment Section	Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Fallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	01			
NBW CONSULTING SERVIC (Name of Corporation as cur	CES /NC	<u>_</u> _		
(Name of Corporation as cur	rently filed with the Florida	Dept. of State)		
P17000056876				
(Document Num	ber of Corporation (if known)		_	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corporatio</i>	on adopts the followin	g amendn	nent(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>			
			The ne	ne.
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 "	". A professional corporation	ted" or the abbreviation name must contai	on "Corp.,	
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)		TALLANASSEL	2022 JUL 11 Pr	TIL
D. If amending the registered agent and/or registered office	address in Florida, enter the	e name of the	=	
new registered agent and/or the new registered office ad	dress:			
Name of New Registered Agent			_ 	
	ida street address)		_	
	,	491 - 11		
New Registered Office Address:	(City)	, Florida /Zip	Code)	-
	,,	,		
New Registered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obliga		_	
Signature of ?	New Registered Agent, if chang	ing		
Check if applicable				

 \square 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: X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>+</u> <u>SV</u>	Sally Smith	
X Add			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> P</u>	WHITZ WILLIAM B	I CORDOBA CT. PAM COAST FL
Add			32137
Remove			
2) Change	P	THE WILLIAM BAXTER WHITE LIVING TRUST	1 CORDOBN OT PANH CONST FL 32137
X Add		WHITE CIVING IKIST	<u> </u>
Remove Change	_		
Add			
Remove			
4) Change			
Add			2022 J
Remove			AH JE TI
5) Change	_	_	SSE - F
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	les, enter_change(s) here: (Be specific)			
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If an amendment provides for an excha	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:			
(if not applicable, indicate N/A)	untent it not contained in the amendment testi-			
()				
				_
				-

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	JULY 6 2022 (no more than 90 days after amendment file do	nte)
	the more than 20 days after untertained file at	,
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shar	reholder action and shareholder
by the shareholders was/were su		
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	wing statement. 2022 JUL 11
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	Allassee.
by	<u> </u>	₩ M
	(voting group)	
Dated OCF	17 2.02.2.	PM 1: 25
Signature	1 M White	
	ector, president or other officer - if directors or officers ha	
	, by an incorporator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)	or other court
шрухи		
	WILLIAM B WHITE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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