## P20 0000 41223

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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION: Mota World Corp  DOCUMENT NUMBER: P2000041223					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Julia Howlett					
Mota World Corp / JuDanzy					
6950 Philips Hwy Suite 51					
Jacksonville FL 32216					
E-mail address: (to be used for future andual report notification)					
For further information concerning this matter, please call:					
Julia Hewlett at 727, 798-7396  Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section  Street Address Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment

to

Articles of Incorporation

of

Mota World	of Carp			
		ith the Florida Dept. of State)		
P200	M141	722		
(Document Nur	uber of Comora	ntion (if known)		
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	·		ollowing amend	ment(s) to
A. If amending name, enter the new name of the corporati	ion:			
			The n	ent.
name must be distinguishable and contain the word "corporation" lnc.," or Co.," or the designation "Corp," "Inc," or "Corporation" chartered." "professional association," or the abbreviation	o". A projess	" or "incorporated" or the abb. ional corporation name must	reviation "Corp	o., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		6950 Philips Hwy Sulte 51 Jacksonville FL 32216		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		6950 Philips Hwy Sulte 51 Jacksonville FL 32216 lorida, enter the name of the	2020 JUL 27 PH	
Name of New Registered Agent			စ်:	کرمیند .
_				
New <u>Registered Office Address</u> ;	ips Hwy le FL 32216	Florida_	(Zip Code)	_
	miliar with and	accept the obligations of the po	sition. 	
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)

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 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	<u>V</u>	Mike Jones	<u> </u>	
X Add	<u>sv</u>	Sally Smith	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u> ;	ame	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3.) Change		<del></del> -		
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Remove				
4) Change			<del></del>	
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Remove				
5)Change		<del></del>		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re specific)
vitation and month spaces, by necessary,	(пе хрестус)
<del></del>	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate No.1)	ndment if not contained in the amendment itself:
(y nor approxime, marche (VA)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without st	hareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the fficient for approval.	he amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the american	llowing statement adment(s):
"The number of votes cast by	for the amendment(s) was/were sufficient for approval	
	(voting group)	
Signature(By a di selected	rector, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, trusted	have not been e. or other court
appoint	ed fiduciary by that fiduciary)	4
	(Typed or printed name of person signing)	\
	President	
	(Title of person signing)	