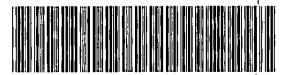
## P21 000005715

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## **COVER LETTER**

TO: Amendment S Division of C	_		*
NAME OF CORE	PORATION: ONEUPFINANCE	ES INC	
	MBER: P21000005715		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	Anna Veksler		
		Name of Contact Perso	on .
	Oneup Finances Inc		
		Firm/ Company	
	16445 Collins Ave, PH26		
		Address	
	Sunny Isles Beach, FL 33160	)	
		City/ State and Zip Coc	le
	apveksler@gmail.com		
	E-mail address: (to be us	sed for future annual repor	t notification)
For further informa	ation concerning this matter, plea	se call:	
Anna Veksler		at ( 323	) 405-5005 ode & Daytime Telephone Number
Nar	ne of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State;
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

ONEOF FINANCES INC	3021 FFD 00	
(Name of Corporation as cur	rently filed with the Florida Dept. 48 82 82 85 1	
P21000005715	SECRETARY OF COLO	
(Document Numb	ber. of Corporation (if known) TALLAHASSEE, FL	
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(	s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
	The   new	
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 "I	". A 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> )		
	<del></del>	
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 ado		
Name of New Registered Agent		
(Floric	da street address)	
New Books and Oliver Children	. Florida	
New Registered Office Address:	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami		
Signature of M	ew Registered Agent, if changing	
Signature of No	en regimeren agent, y enunging	
Charle if applicable		

∑ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

			į
address of each Offic (Attach additional she Please note the officer P = President; V= Vi Executive Officer; CFO President, Treasurer, i Changes should be no a change, Mike Jones	er and/or I ets, if neces director tit ce Presiden O = Chief F Director wo ted in the fo	Director being added: sary) the by the first letter of the office title: tt; T= Treasurer; S= Secretary; D= Dir Financial Officer. If an officer/director hould be PTD. Ollowing manner. Currently John Doe is	each officer/director being removed and title, name, and ector; TR= Trustee: C = Chairman or Clerk; GEO = Chief olds more than one title, list the first letter of each office held. listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change.
Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Anna Veksler	16445 Collins Ave PH26
X Add	•		Sunny Isles Beach, FL 33160
Remove 2) Change	S	Eugene Veksler	16445 Collins Ave PH26
X Add			Sunny Isles Beach, FL 33160
Remove 3 ) Change	<u>T</u>	Anna Veksier	
X Add			16445 Collins Ave PH26
Remove			Sunny Isles Beach, FL 33160
4) Change		_	
Add			
Remove			
5) Change	<del> </del>		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)		
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an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
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The date of each amendment(s) adoption:, if late this document was signed.	other than t
ate this document was signed.	
02/15/21	ļ
Offective date if applicable:	<del> </del>
(no more than 90 days after amendment file date)	;
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not locument's effective date on the Department of State's records.	be listed as t
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share action was not required.	cholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
bv"	
(voting group)	
02/15/21	
02/15/21 Dated	
Signature A. Verester	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Anna Veksler	
(Typed or printed name of person signing)	<u> </u>
President	
(Title of person signing)	