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2022 JAN -7 AM 9: 49 SECRETARY OF SECTOR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: STAV MARKETI	NG CONSULTANTS, INC	
	BER: P21000057484		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JODI RONEN		
	·	Name of Contact Persor	1
	JG CONSULTING SERVICE	ES, LLC	
		Firm/ Company	
	5481 WILES RD STE 502	, ,	
		Address	
	COCONUT CREEK, FL 330	773	
		City/ State and Zip Code	e
	JODI@ACCU-TAX.TAX		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	1.70	⁴⁴⁹ -9709
	of Contact Person	at (954	de & Daytime Telephone Number
	or the following amount made		
S35 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)
Am Div P.O	iling Address condment Section dision of Corporations Box 6327 lahassec, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

STAV MARKETING CONSULTANTS, INC.

2022 JAN -7 AM 9: 49

to

STAT MARKETING CONSOLITATIS, INC		- 4E SALE / ALT 9: 49
(<u>Name of Corporati</u>	on as currently filed with t	he Florida Dept. of State) Y DE STATE
P21000057484		the Florida Dept: of State FALL AHASSEE, FILLAN
(Docun	nent Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profi</i>	it Corporation adopts the following amendm
A. If amending name, enter the new name of the co	orporation:	
		The ne
name must be distinguishable and contain the word "co 'Inc.," or Co.," or the designation "Corp," "Inc. 'chartered," "professional association," or the abbre	" or "Co". A professiona	
3. Enter new principal office address, if applicable	»: 	
Principal office address <u>MUST BE A STREET AD</u> L		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0Xi	
 If amending the registered agent and/or register new registered agent and/or the new registered 		la, enter the name of the
new registered agent and/or the new registered	omce address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
Sew Registered Office Address.	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accep	pt the obligations of the position.
	· ·-	
Signe	ature of New Registered Age	rnt, if changing
Check if applicable		
Succes it approcaule		

☐ 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)

__ Add

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; CE() = Chief Executive Officer; CF() = 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> John Doe X Remove V Mike Jones <u>X</u> Add SVSally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) SVBENYAMIN, MICHALDANA OVA 19501 W COUNTRY CLUB DR 1) ____ Change AVENTURA, FL 33180 ____ Add Remove 2) ____ Change ____ Add Remove 3) Change ____ Add ____ Remove 4) ____ Change __ Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change

Attach additional sheets, if necessary).	(Be specific)
	
	
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	<u> </u>
-	

The date of each amendment(s) a	doption:, if other t
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
must he separately provided for	proved by the shareholders through voting groups. The following statement 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
by	(voting group)
01/04/2022 Dated	
selecte	irector president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	STAV OVADIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)