	and the North	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
·		·
PICK-UP	☐ WAIT	MAIL
-	_	
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		 -
Special Instructions to	Filing Officer.	



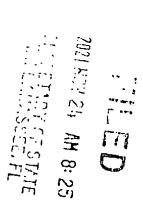


000376180220

11/24/21--01008--006 **35.00

RECEIVED

Y SULKER NOV 29 2021



LAW OFFICES

MICHAEL ORTIZ, P.A.

1430 SOUTH DIXIE HIGHWAY SUITE 321 CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-5270 FACSIMILE (305) 665-1112 E-MAIL: lawortz@aol.com

November 23, 2021

By: Hand Delivered

New Filing Section
Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Bona Fide Advisors & Consulting Corp. Client File No. 1301

Dear Sir/Madam:

I am enclosing the Articles of Amendment to Articles of Incorporation of Bona Fide Advisors & Consulting Corp.

In addition, I have included a Michael Ortiz, P.A. check in the amount of \$35.00, representing the filing fee for these Articles of Amendment to Article of Incorporation. Thank you.

Very truly yours,

MICHAEL ORTIZ, P.A.

MICHAEL ORTIZ, ESQ.

RECEIVED 2021 MOV 24 PH 12:4 ALLAHASSEE AL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	MSORS & CONSULTING	CORP.
DOCUMENT NUMI	BER: P21000098757		
The enclosed Articles	of Amendment and fee are st	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	MICHAEL ORTIZ, ESQ.		
	MICHAEL ORTIZ, P.A.	Name of Contact Perso	n
		Firm/ Company	
	1430 SOUTH DIXIE HIGH	WAY, SUITE 321	
	CORAL GABLES, FL 3314	Address	
		City/ State and Zip Cod	
	lawortiz@aol.com	orgy water and half Cod	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Michael Ortiz		at (305	665-5270
Name o	f Contact Person	•	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
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)
Mailing Address Amendment Section Division of Corporations P.O. Hox 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BONA FIDE ADVISORS & CONSULTING CORP.

	poration as currently filed with the Florida Dept. of State)
P21000098757	
((Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of	f the corporation:
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	The new ord "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc," or "Co". A professional corporation name must contain the word eabbreviation "P.A."
3. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u> :	licable: TADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)
If amonding the registered	
). If amending the registered agent and/or re new registered agent and/or the new regist	egistered office address in Florida, enter the name of the
new registered agent and/or the new regist	egistered office address in Florida, enter the name of the tered office address:
. If amending the registered agent and/or renew registered agent and/or the new registered Agent Name of New Registered Agent	egistered office address in Florida, enter the name of the tered office address:
new registered agent and/or the new regist	egistered office address in Florida, enter the name of the tered office address: (Florida street address)
new registered agent and/or the new regist	(Florida street address)
Name of New Registered Agent	tered office address:
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing	(Florida street address) (City) Florida (City)
Name of New Registered Agent New Registered Office Address: Wew Registered Office Address: whereby accept the appointment as registered agent.	(Florida street address) (City) Registered Agent:

[☐] 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 = Chie 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>		
		Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ST	OLGA J. OCHOA	7703 CAMINO REAL
Add			UNIT A311
X Remove			MIAMI, FL 33143
2) Change	ST ———	EDUARDO SAL Y ROSAS	1430 SOUTH DIXIE HIGHWAY
X Add			SUITE 321
Remove 3) Change		_	CORAL GABLES, FL 33146
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

	ional sheets,	additional Ar if necessary)	. (Be spec	ific)				
			<u> </u>					
<u> </u>								
								<u>-</u>
		- -	<u> </u>	<u> </u>				
				-	<u> </u>			
			<u>-</u>					.
<u> </u>				<u> </u>	_,			
								_
				 -		· · · · · · · · · · · · · · · · · · ·		_
					-		-	_
			· <u>-</u>					
					<u>-</u>		_	
			- -	_			<u> </u>	
				<u> </u>				
						<u></u>		
	-			<u>-</u>				<u> </u>
								
an amendn	<u>ient provide</u>	es for an excl	hange, recla	ssification,	or cancellati	on of issued	<u>i s</u> hares,	
<u> </u>	or impiemei Oplicable, inc	nung the ame	<u>endment if n</u>	<u>iot containe</u>	<u>d in the ame</u>	<u>ndment its</u>	elf:	
(у та ир	quicume, me	iicute MA)						
					· 		 -	-
-								
					_		_	_
					_			_
	-							
								
						-		_

11/23/2021
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 east for the amendment(s) was/were sufficient for approval
by
(voting group)
November 23, 2021 Dated
Signature
(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)
MICHAEL ORTIZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)