	Requestor's Name)			
(	Address			
(	Address)			
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(	Business Entity Name)			
(	Document Number)			
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## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( SSU ) 222 69 5 S Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

## FILED

	Articles of Incorporation	
	of	2.27 AUG -2 AM 6: 20
Jocal	World Inc	
(Name of Corp	oration as currently filed with the Flo	orida Deggerary OF STATE
£777	0000 3684 9	TALLAHASSEE, FL
	Document Number of Corporation (if known	own)
rsuant to the provisions of section 607,1006, 1 Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amendment(
If amending name, enter the new name of	the corporation:	
Social	World Inc	The new
ame must be distinguishable and contain the wo lnc.," or Co.," or the designation "Corp," chartered," "professional association," or the	ord "corporation," "company," or "inco "Inc," or "Co". A professional corp	rporated" or the abbreviation "Corp.,"
Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>	licable:	
		<u>.                                    </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u></u>	
If amending the registered agent and/or row registered agent and/or the new regis		er the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent		
	(Florida street address)	· · ·
		P1. * 1
New Registered Office Address:	(City)	, Florida(Zip Code)
	ν.ψ,	, , , , , , , , , , , , , , , , , , ,
our Pagistared Agent's Signature, if changing	ng Registered Agent	
ew Registered Agent's Signature, if changin hereby accept the appointment as registered ag	gent. I am familiar with and accept the	obligations of the position.
		•
	Signature of New Registered Agent, if c	thanging
	angular of their negligible of righting of	

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)

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: XChange	PT	John Doc		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change		<del></del>	 	
Add				
Remove				
2) Change			 	
Add				
Remove 3 ) Change			 	
Add				_
Remove				
4) Change			 ·	
Add				
Remove				
5) Change			 	
Add				
Remove			<del> </del>	
6) Change			 	
Add				
Remove				

Attach additional sheets, if necessary). (Be					
	-				
	-	<del></del>	<del>- ir</del>	<u> </u>	
	-				
					-
	<u> </u>				
	· · · · · · · · · · · · · · · · · · ·				
f an amendment provides for an exchange,	. reclassification.	or cancellatio	on of issued sl	hares.	
provisions for implementing the amendme	nt if not containe	d in the amei	ndment itself:	:	
(if not applicable, indicate N/A)	-			_	
					_
	<del>-</del> -				<del></del>
····					
			-		<u>.</u>

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	doption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	tno more than 90 days after amendment file	
	tno more than 90 days after amendment file	date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing require epartment 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.	opted by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the inflicient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The fore each voting group entitled to vote separately on the amer	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated Augus	- 1 2022 Jan-Marz	
Signature	Jan Marz	<del></del>
	firector, president or other officer – if directors or officers	
	<ul> <li>d, by an incorporator – if in the hands of a receiver, truste ted fiduciary by that fiduciary)</li> </ul>	e, or other court
white		
	(Typed or printed name of person signing)	
	Title of person circuity)	
	(Title of person signing)	
	(Time of person signing)	

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