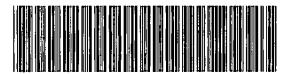
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r's Name)
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WAIT MAIL
Entity Name)
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Certificates of Status
Officer:
<u>:</u>

Office Use Only



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2022 NOV -3 AN 7: 29

SECUL BURSSEE, FL

of 2/1/2023

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	LTD Consultants, II	NC.	
NAME OF CORPOR	P22000071696		
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Neil Patel		
		Name of Contact Persor	1
	Patel & Associates		
	<u> </u>	Firm/ Company	
	205 Waymont Court Suite 111		
		Address	
	Lake Mary, FL 32746		
		City/ State and Zip Code	
	neil@neilpatelea.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Neil Patel		386 at (837-4793
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED

LTD Consultants, INC.		2022 NUY -3 AH 1: 29
(Name of Corporatio	n as currently filed with the Florid	a Dept. of State) STATE
P22000071696		TALLAHASSEE, FL
(Docume	ent Number of Corporation (if knowr	n)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
One Finance Source, INC.		The new
name must be distinguishable and contain the word "co- "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corpora	rated" or the abbreviation "Corp.," ition name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>RESS</u>)	
	 	-
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u>Y</u>)	. <u></u>
		
D. If amending the registered agent and/or register.	ed office address in Florida, enter t	he name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		
- 	(Florida street address)	
		Planida
New Registered Office Address:	(City)	Florida
	• *	•
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent.	am familiar with and accept the obli	igations of the position.
Siona	ture of New Registered Agent, if char	าย่าง
. ng/m	The stay the stay the stay of	
Check if applicable	07.0120.7117.7.7.12.0	
☐ The amendment(s) is/are being filed pursuant to s. 6	07.0120 (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:

(Anach 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 <math>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	PT	John De	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	o <u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
	_	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
				
Add				
Remove				

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)
-	
<u> </u>	
an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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(10/19/2022	·
The date of each amendment(date this document was signed.	(s) adoption:	, if other than ti
$\epsilon_{1}, \epsilon_{2}, \ldots > 1$	10/19/2022	•
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	l not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder action and	i shareholder e
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	,• ,•
☐ The amendment(s) was/were must be senarately provides	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	्रेड के किया के किया किया किया किया किया किया किया किया
L		٥
ъу	(voting group)	• •
• •		
10/19/2 Dated	2022	• •
<u>Jaco</u>		٠ ـ
Signature(By	y a director, president or other officer - if directors or officers have not been leeted, by an incorporator - if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	Ryan Patient	- 4- 1
	(Typed or printed name of person signing)	-
	President	
•		· · · · · · · · · · · · · · · · · · ·
	(Title of person signing)	
na in the state of		