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P23 000021602

Division of Corporations

Florida Department of State
Division of Corporations
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From: Account Name : COMPANY COMBO, LLC
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MARKETHAVEN AI, CORP

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARKETHAVEN AI CORP

DOCUMENT NUMBER: P23000021602

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS LUGO
Name of Contact Person

GLOBALFY, LLC
Firm/ Company

7345 W SAND LAKE RD SUITE 210
Address

ORLANDO, FL 32819
City/ State and Zip Code

DOCS@GLOBALFY.COM
E-mail address: (to be used for future annual report notification)

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 SEC. STATE
 TALLAHASSEE, FL

For further information concerning this matter, please call:

LUIS LUGO at (866) 4282030
Name of Contact Person 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 & Certificate of Status
- \$43.75 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

Street Address
 Amendment Section
 Division of Corporations
 The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

MARKETHAVEN AI, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000021602

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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:

- Change PT John Doe
- Remove V Mike Jones
- Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>PTD</u>	<u>STACY LYNN HAVEN</u>	<u>2701 Little Elm Pkwy Ste 100</u>
<input type="checkbox"/> Add			<u>PMB1123</u>
<input type="checkbox"/> Remove			<u>Little Elm, Texas 75068</u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>STEFAN SAHLING</u>	<u>AM BACKHAUSGARTEN 54A</u>
<input type="checkbox"/> Add			<u>FLOHNHEIM, RP 55237 DE</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			

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F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Change the Title of STACY LYNN HAVEN from P to PTD.

Change the address of STACY LYNN HAVEN from: 1751 SAGEBRUSH DR VFRISCO, TX 75033

To: 2701 Little Elm Pkwy Ste 100 PMB1123 Little Elm, Texas 75068

Remove: STEFAN SAHLING - Address: AM BACKHAUSGARTEN 54A FLONHEIM, RP 55237 DE

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F. If 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)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

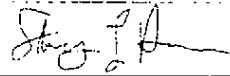
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 cast for the amendment(s) was/were sufficient for approval
by STACY LYNN HAVEN _____
(voting group)"

Dated 05/12/2023 _____

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)

STACY LYNN HAVEN

(Typed or printed name of person signing)

PRESIDENT

STATE OF FLORIDA
TALLAHASSEE, FL

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