Pa3000031207

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SECRETARY OF STAT

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ORBITA MARKE	TYING C.A. INC		
DOCUMENT NUM	BER: P23000031207			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	BLAS A RIVERO LABRAD	OOR		
		Name of Contact Person	1	-
	GUZMAN TAX SERCIES			
		Firm/ Company	.	_
	5270 GOLDEN GATE PARI	KWAY SUIT 103		
		Address		_
	NAPLES FL 34116			
		City/ State and Zip Code	ů.	_
	OFFICE@GUZMANTAXES	S.NET		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
LEYLA GUZMAN		at (239	645-2346	
Name	of Contact Person	Area Co	de & Daytime Telephone Numb	er
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State:	な
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43,75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status	TALLA

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

ORBITA MARKETYING C. A. INC.

ORBITA MARKET YING C. A. INC	<u> </u>			
	ration as currently filed w	ith the Florida Dept. of	<u>f State</u>)	
P23000031207				
(Do	ocument Number of Corpora	ation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida I</i>	Profit Corporation adopt	ts the following amend	lment(s) to
A. If amending name, enter the new name of th	e corporation:			
			The 1	IPW
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	lnc," or "Co". A profess		the abbreviation "Corp	7., ''
B. Enter new principal office address, if applica	able:			_
(Principal office address <u>MUST BE A STREET</u> A	(IDDRESS)			
				-
				_
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE				_
				_
				_
D. If amending the registered agent and/or regi		lori <u>da, enter the name (</u>	of the	
new registered agent and/or the new register	red office address:		in t	983
Name of New Registered Agent				د ت محمد
			一直当	PR
	(Florida street addres	ss)		26
None Descriptions LOGG at Address		P1	사스 Jorida 성으	-m
New Registered Office Address:	(City)	, rı	(Zip Code)	
			TA	- T
			4	,
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered age:	st. I am familiar with and	accept the obligations of	^r the position.	
	Signature of New Registered			
	G 9: V:	G. F.J. mond		
Check if applicable				

 \Box 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: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	BLAS A RIVERO LABRADOR	SAME
Add			THE LAST NAME OF PRESIDEN
Remove			WAS SPELLED INCORRECTLY
2) VP Change	VP	LEONAR J RIVERO LABRADOR	SHOULD BE LABRADOR
Add	-		THE NAME WAS SPELLED INC
X Remove Change	SEC	JOALBERT E DURAN GRATERON	SHOULD BE LABRADRO
Add			
X Remove			SECRE ALLAHA
4) Change			
Add			26 F
Remove			PACTOTAL TO
51 Change			57 FT 15
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	.
	
	
	
	
	
f 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)	
(g nor applicable, marcale 1977)	202 SE
	55 C 3
	188 B
	<u> </u>
	문과 15
	SECRETARY OF STATE TALLANASSEE FL

The date of each amendment	04/16/2023	, if other than the
date this document was signed.		A other than the
Effective date <u>if applicable:</u>	04/24/2023	
	(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 be Department of State's records.	date will not be listed as the
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 a	action and shareholder
■ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendme re sufficient for approval.	ent(s)
	e approved by the shareholders through voting groups. The following state of the following state of the amendment (s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by ALL SHARE HO	LDERS "	
oy	(voting group)	
sel	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other content fiduciary by that fiduciary) LEYLA M GUZMAN	
	(Typed or printed name of person signing)	_ .
	REGISTERED AGENT	
		<u>s 2</u>
	(Title of person signing)	PIN APR 26 PM 1: 15 SECRETARY OF STATE TALLAHASSEE, FL