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(((H23000320555 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TAXODA BUSINESS, CORP

Account Number : I20230000039 Phone

: (786)768-8794

Fax Number

: (786)803-8477

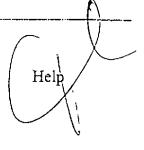
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN **ODA MULTISERVICES, CORP**

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Page Count	01
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ODA MULTISERVICES, CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ODALYS RODRIGUEZ Name of Contact Person ODA MULTISERVICES, CORP Firm! Company 8960 NW 7th CT Address PEMBROKE PINES, FL 33024 City/ State and Zip Code odamultiservice@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ODALYS RODRIGUEZ at (1 Area Code & Daytime Telephone Number

□ \$43.75 Filing Fee &

(Additional copy is

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enclosed)

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

Name of Contact Person

335 Filing Fee

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

□\$52.50 Filing Fee

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Articles of Amendment to Articles of Incorporation of

ODA	MIT	TISERVICES	CODD
ODA	MLL	LISERVIUES.	L.OKP

<u> </u>	Corporation as current	tly filed with the Florida Dept. of Sta	<u>.te</u>)	
P23000036656				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the	; following amendmen	nt(s) to
A. If amending pame, enter the new page N/A	ne of the corporation:			•
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Col" chartered, ""professional association," o	rp," "Inc," or "Co".	A professional corporation name mu	The new bbreviation "Corp.," ist contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4445 W 16th AVE, STE 314	:· 2	
		HIALEAH, FL 33012	DZ3 SEI	****
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4445 W 16th AVE, STE 314	P 12 AM	
		HIALEAH, FL 33012	9: 43	
D. If amending the registered agent and/ new registered agent and/or the new r	registered office address	<u>s:</u>	<u> </u>	
Name of New Registered Agent	TAXODA BUSINESS,	, CORP		
	4445 W 16th AVE. ST	E 314		
	(Florida șt	rest address)		
New Registered Office Address:	HIALEAH	(City), Florida	33012 (Zip Code)	

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 = Chairmon 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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	V	ODALYS RODRIGUEZ	4445 W 16th AVE, STE 314
X Add			HIALEAH, FL 33012 C 2023 SEP
Remove			SEP
2) Change			
Add			S C P
Remove 3) Change			AM 9: 43 SSEE, FL
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			u
6) Change			
Add			
Remove			

N/A			
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	n, or cancellation	of issued shares.	
f an amendment provides for an exchange, reclassification		dment itself:	
provisions for implementing the amendment if not centa	<u>ined in the amen</u>		
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(if not applicable, indicate N/A)	ined jn the amen		
(if not applicable, indicate N/A)	ined jn the amen		

The date of each amendment(5) a date this document was signed.	option:		, if other than the
Effective date if applicable:			
	(no more than 90 days	after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable st partment of State's records.	atutory filing requirements, this da	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board o	directors without shareholder action	on and shareholder
The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number ficient for approval.	r of votes cast for the amendment(.	z)
must be separately provided for	oved by the shareholders through vo ach voting group entitled to vote seror the amendment(s) was/were suffice	arately on the amendment(s):	ent
by N/A		"	202: SL: _{TA}
	(voting group)		2023 SEP 12
09/12/202	3		
Dated	· 		2 A
Signature	- Luciani Ca		و چير
selected	ector, predicant or other officer - 12 d by an incorporator - if in the hands d fiduciary by that fiduciary)	of a receiver, trustee, or other court	
	ODALYS RODRIGUEZ		
-	(Typed or printed name of	person signing)	
	VICE PRESIDENT		
-	(Title of person signing)		