# P23000061956

(Requestor's Name)	
(Address)	<u>_</u>
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(C.) (C.) (C.) (C.)	40
(City/State/Zip/Phone	#)
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	URSALA IN	NC				
DOCUMENT NUMBER:	P230000619	56				
The enclosed Articles of Amendm	ent and fee are sub	omitted for filing				
Please return all correspondence c	oncerning this mat	ter to the followi	ng:			
		Sonia B	Secerra			
-		Name of Cont	act Persor			
		Swyft l	Filings			
		Firm/ Cor	npany			
		3 Greenwa	ay Plaza	#1320		
		Addre	:SS			
		Houston,	ΓX 7704	6		
**************************************		City/ State and	l Zip Code	2		_
	info	o@legalco	orpsol	utions	s.com	
E-mail	address: (to be us	•	•			
Conformbania formación a conservación						
For further information concerning	g uns mauer, picas	e can;				
Sonia Becerra		at (	877	1	777-0450	
Name of Contact P	erson		Area Co	de & Day	time Telephone Num	ber
Enclosed is a check for the follow	ing amount made p	payable to the Flo	orida Depa	irtment o	f State:	
_	75 Filing Fee & ificate of Status	S43.75 Filin Certified Cop (Additional co- enclosed)	рy	Certi Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy nelosed)	
Mailing Address				<u>Address</u>		
Amendment See Division of Con		Amendment Section Division of Corporations				
P.O. Box 6327	ACTURIOUS	The Centre of Tallahassee				
Tallahassee, FL 32314 2415 N. Monroe Street, Suite			oe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation



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

#### P23000061956

(Document Number of Corporation (if known)

s) to

Marie's (	Odds & Endz Inc	771
tme must be distinguishable and contain the word "co lnc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrev	rporation," "company," or "incorpor or "Co". A professional corpor	
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		
new registered agent and/or the new registered of	office address:	<del></del>
	office address:	<del></del>
	office address:	<del></del>
Name of New Registered Agent	office address; (Florida street address)	
new registered agent and/or the new registered of Name of New Registered Agent  New Registered Office Address:  where the second of the new registered of	office address:  (Florida street address)  (City)	, Florida (Zip Code)
Name of New Registered Agent  New Registered Office Address:	office address:  (Florida street address)  (City)	, Florida (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)

Remove

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 $\underline{\mathbf{v}}$ Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> <u>Address</u> (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 3) Change \_\_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change Add \_\_ Remove δ) \_\_\_\_\_ Change \_\_\_\_ Add

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

Company of the Company

The date of each amendment(s) adoption:	09/29/2023	, if other than the
date this document was signed.		, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	1.1.
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, the of State's records.	is date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by t action was not required.	he incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendm or approval.	rent(s)
	the shareholders through voting groups. The following staing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval	
by	voting group)	
(1)	voting group)	
Dated 10-6-2023 Signature Marie 2		
Signature Marie E	Belony	
(By a director, pi	resident of other officer - if directors or officers have not b	een
	ncorporator - if in the hands of a receiver, trustee, or other	
appointed fiduci	ary by that fiduciary)	
	Marie Belony (Typed or printed name of person signing)	
— <del></del>	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	