P99000054855

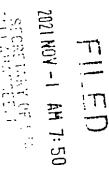
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Amendment Section \ Division of Corporations		• *** • **
NAME OF CORPORATION: \Box	MA ASCH CONSULTING INC.	
	054855	
The enclosed Articles of Amendm	a and fee are submitted for filing.	
Please return all correspondence co	cerning this matter to the following:	
DIANA BL	SCHZYK	
	Name of Contact Person	
HILL & CC	IPANY, CPA, PA	
	Firm/ Company	
804 NICHO	AS PKWY E, STE 1	
	Address	
CAPE COR	L. FLORIDA 33990	
	City/ State and Zip Code	
DBLASCH	YK@HILLCOCPA.COM	
	ddress: (to be used for future annual report notification)	
For further information concerning	his matter, please call;	
THOMAS W. HILL	at (239) 549-2444	
Name of Contact P	son Area Code & Daytime Teler	phone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:	
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Feate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	tatus
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	rations Division of Corporations The Centre of Tallahasse	

Articles of Amendment to Articles of Incorporation of

FILED

JAMA ASCH CONSULTING INC.

2021 NOV -1 AH 7: 50

(Name of Corporation as curren	itly filed with the Florida Dept	. of State)
P99000054855		ALLAHASSEE : 1.
(Document Number	of Corporation (if known)	W
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	s Florida Profit Corporation ac	lopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation in	or the abbreviation "Corp.," ame_must_contain_the_word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
,		
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		ne of the
Nume of New Registered Agent N/A		·
(Florida)	street address)	
New Registered Office Address:		T11 1
New Registered Office Additions.	(City)	, Florida <u>(Zip Code)</u>
New Registered Agent's Signature, if changing Registered Age		
Thereby accept the appointment as registered agent. I am familia	nv. r with and accept the obligation	s of the position.
Signature of New	Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being tiled pursuant to s. 607.0120 (1)	() (c), 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.

X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) XXX Change	Р	ASCH, SABINE	TEINACHER STR. 9
Add			72766 REUTLINGEN, DE
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sh	eets, if necessary).	(Be specific)			
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If an amendment t	provides for an exch:	anoe, reclassific	ation, or cancell	ation of issued sl	iares,
provisions for imp	plementing the amer	adment if not co	ntained in the a	mendment itself:	
(if not applica	ble, indicate N/A)				
Α.					
		-			
			•••		

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The date of each amendment(s) a	doption;	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment	N. J.
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bedocument's effective date on the D	clock does not meet the applicable statutory filing recepartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast fufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. <i>The each voting group entitled to vote separately on the a</i>	ve fallowing statement imendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approva	al
by	(voting group)	
	(voting group)	
10/28/202	i	
Dated		
Signature V	Sasin CO	
(By a select	firector, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, the fiduciary by that fiduciary)	cers have not been court
	SABINE ASCH	
	(Typed or printed name of person signing	2)
	DIRECTOR	
	(Title of person signing)	