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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION: WALO DTP Corp	oration	
DOCUMENT NU	MBER: P17000036086		
	les of Amendment and fee are so	bmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	Vitor P.Lozetti		
		Name of Contact Perso	<u> </u>
	WALO DTP		
		Firm/ Company	
	806 Verona St. Suite 1		
		Address	
	Kissimmee, Fl 34741		
		City/ State and Zip Cod	e
	lozetti@walo.us		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter. plea	se call:	
Armando Martinez	:	at (<u>407</u>	693-1003
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Iailing Address		Address
	Imendment Section		Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporat	tion as currently filed with the Florida Dept. of State)	
17000036086		
(Docu	ument Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following	g amendment(
. If amending name, enter the new name of the c	corporation:	
		The new
ame must be distinguishable and contain the word "c lnc.," or Co.," or the designation "Corp." "Inc, chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation," or "Co". A professional corporation name must contain reviation "P.A."	on "Corp.,"
Enter new principal office address, if applicable	le:	
rincipal office address MUST BE A STREET AD	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	.
. If amending the registered agent and/or registe	ered office address in Florida, enter the name of the	:
new registered agent and/or the new registered	d office address:	•
Name of New Registered Agent		
	(Florida street address)	-
		-
New Registered Office Address:	, Florida	Code) c
		,
ew Registered Agent's Signature, if changing Re	gistered Agent:	
nereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	
· · · · · · · · · · · · · · · · · · ·	nature of New Registered Agent, if changing	=
Sign	natare by them negistered Agent, if changing	
heck 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)

Example:

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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Duvekot, Rene c	806 Verona St. Suite 1
Add			Kissimme, FL 34741
X Remove			
2) Change	DTS	Sereno, Sergio	806 Verona St. Suite 1
Add			Kissimmee, Fl 34741
X Remove 3) Change	D	Alves Viana, Washington	806 Verona St. Suite 1
Add			Kissimmee, FL 34741
X Remove			20444
4) X Change	PD	Pasqualucci Lozetti, Vitor	806 Verona St. Suite 1
Add			Kissimmee, FL 34741
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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	that a set of the second
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment users.
(y not appreciate, material party	
	

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The date of each amendment(s) adoption:, if other than date this document was signed. Same
Same
Professional de la contraction del contraction de la contraction d
Effective date <u>if applicable</u> : (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 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"
(voting group)
December 29th of 2023
Dated
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)
appointed fiductary by that fiductary)
VITOR C.P. HOTTING LOZETTI
(Typed or printed name of person signing)
(Typed of printed name of person signing)
President
(Title of person signing)
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