

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cıt	ry/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400337335814

11/25/18--0199 --039 **:5.bt

2020 JAN 10 AM 8: 42

C Kiuzea ^{784 T.9} JOJO



December 30, 2019

DEMETRIOS STYLIANOS 1280 SE 2ND CT #4 FT LAUDERDALE, FL 33301

SUBJECT: DAS FINANCIAL CONSULTANTS INC.

Ref. Number: P19000046251

We have received your document for DAS FINANCIAL CONSULTANTS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Sent back for corrections.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 419A00026299

Catherine M Wood Regulatory Specialist II

www.sunbiz.org

Articles of Amendment

to

Articles of Incorporation

Λf

DAS WEALTH MANAGEMENT INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P19000046251 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: DAS Financial Advisory Group Corp name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 Do	<u>e</u>				
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally Sn	nith_				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s			
1) MA Change		_					
Add							
Remove							
2) NA Change		_					
Add							
Remove							
3) NA Change		_					
Add							
Remove							
4) MA Change		_					
Add							
Remove							
5) NA Change							
Add		_					
Remove							
.1.							
6) NA Change							
Add							
Remove							

E. If amending or addi (Attach additional sh	ng additional Artic vets, if necessary).	cles, enter change (Be specific)	e(s) here:		
NLA					
<u> </u>					
			, <u>, , , , , , , , , , , , , , , , , , </u>		
		• • • • • • • • • • • • • • • • • • • •		 	
					<u>-</u>
		-			
					
		····			
If an amendment pr	ovides for an exch	ange, reclassifica	tion, or cancellat	ion of issued share	·s,
provisions for impl	ementing the amen le, ipdicate N/A)	ndment if not con	tained in the ame	endment itself:	_
	/ A				
·					
		· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
11/19/19 Dated Signature	Sold -
(By a c	director president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Demetrios Stylianos
	(Typed or printed name of person signing)
	President
	(Title of person signing)