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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: CDA WELDING	SERVICES INC	_
DOCUMENT NUMBER			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
CI	IRISTIAN J DE ARMAS	PALENZUELA	
		Name of Contact Person	n
CI	DA WELDING SERVICE	S INC	
		Firm/ Company	
26	245 SW 135 PL		
		Address	
H	DMESTEAD, FL 33032		
		City/ State and Zip Code	¢
CI	IRISTIANJORGE1998@0	GMAIL.COM	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, please	se call:	
CHRISTIAN J DE ARM	AS PALENZUELA	at (⁷⁸⁶	307-4689
Name of C	Contact Person		de & Daytime Telephone Number
Enclosed is a check for th	e 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)
Amenda Division P.O. Bo	r Address ment Section n of Corporations x 6327 ssee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

CDA WELDING SERVICES INC		2023 (<u>) </u>	
	of Corporation as curren	tty filed with the Florida Dept. of State)	
P21000093477			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending pame, enter the new n	ame of the corporation:		
CDA TRUCKING SERVICES INC		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
3. Enter new principal office address,	if applicable:	6565 EMERALD DUNES DR	
(Principal office address <u>MUST BE A S</u>		WEST PALM BEACH FL 33411	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6565 EMERALD DUNES DR	
		WEST PALM BEACH FL 33411	
D. If amending the registered agent an new registered agent and/or the ne	w registered office addres		
Name of New Registered Agent	CHRISTIAN J DE ARM	LAS PALENZUELA	
	6565 EMERALD DUNE	S DR	
	(Florida s	treet address)	
New Registered Office Address:	WEST PALM BEACH	, Florida 33411	
Them Registered Office Ramess.		(City) (Zip Code)	
New Registered Agent's Signature, if of the hereby accept the appointment as registered.	tered agent, I am familiar	with and accept the obligations of the position.	
	Signature of New	Registered Agent, if changing	

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 = 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 <math>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	PI	John De	o c	
X Remove	<u>v</u>	Mike Jo	ones.	
_X Add	<u>sv</u>	Sally St	mith.	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
i) X Change	PRESI	0	CHRISTIAN J DE ARMAS PALEN:	6565 EMERALD DUNES DR
Add				WEST PALM BEACH FL 33411
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
CHANGE OF COMPANY NAME AND PHYSICAL AND MAILING ADDRESS	
	
	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

	10/16/2023
The date of each amendment(s) add	ption:, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
, <u> </u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast to	r the amendment(s) was/were sufficient for approval
by	1 0
7	(voting group)
10/16/2023	
Dated	
	\mathcal{U}_{L}
Signature	
(By a dire	ctor president or other officer - if directors or officers have not been
appointer	by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
	
_	(Typed or printed name of person signing)
	President
	(Title of person signing)