Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250001879573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238 : (305)591-9448

Fax Number : (954)753-3447

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please,

Email Address:	
iliair Addi 635,	

COR AMND/RESTATE/CORRECT OR O/D RESIGN SIGMA-TRADE SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

SIGMA-TRADE SOLUTIONS INC					
(Name of Corporation as current P24000051731	ly filed with the Florida Dept. of State)				
(Document Number of	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment	(s			
A. If amending name, enter the new name of the corporation:					
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new company," or "Incorporated" or the abbreviation "Corp.," professional corporation name must contain the word				
B. Enter new principal office address, if applicable;	7825 NW 107TH AVE APT 301				
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33178				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7825 NW 107TH AVE APT 301	٦,			
,	Doral, FL 33178	4			
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	 			
Name of New Registered Agent	:: · · · · · · · · · · · · · · · · · ·				
(Florida stre	et address)				
New Registered Office Address:	, Florida				
(1)	City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.				
Signature of New Reg	zistered 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 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	PT	John <u>Doe</u>	
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) Change	MBR	JUAN P MONTOYA	981 SW 149TH CT
Add			MIAMI, FL 33194
X Remove			
2) Change			202
Add			2025 HA SECRE
Remove Change			2
Add			
Remove			<u> </u>
4) Change			- — — — — — — — — — — — — — — — — — — —
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

A A A A A A A A A A A A A A A A A A A	cles, enter chang (Be specific)				
		<u> </u>			
					
	·				····
					
		· · · · · · · · · · · · · · · · · · ·			
		.			
					<u></u>
<u> </u>					
······································					
					
an amendment provides for an excha- provisions for implementing the amena (if not applicable, indicate N/A)	nge, reclassificat dment if not con	tion, or cancell tained in the a	ation of Issued Mendment itse	shares. lf:	
					

The date of each amendment(s): date this document was signed.	doption:, if other than
-	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/wore ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
Dated	(voling group) 5/23/25
(By a c	INTHED CAMPO lirector, president or other officer - if directors or officers have not been and, by an incorporator - if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	Matheo Campo
	(Typed or printed name of person signing)
	President
	(Title of person signing)