

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
(Oity/State/Zip/Priorite #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

Office Use Only



000443246480

01/28/25--01006--008 **35.00

FILED 2025 JAN 28 PM 5: 09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TOTAL SIGN SOI	JUTIONS AND CNC INC		
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	SUSAN MCKENZIE			
		Name of Contact Persor	l	
	TOTAL SIGN SOLUTIONS AND CNC INC.			
		Firm/ Company		
	13917 66TH STREET NORT	• •		
	Address			
	WEST PALM BEACH, FLORIDA 33412			
		City/ State and Zip Code	:	
	sales@3ddynamicsolutions.co	on		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
SUSAN MCKENZIE		at (954	401 3575 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

(<u>Name</u>	of Corporation as curren	tly filed with the Florida De	pt. of State)		
P06000092947					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	s Florida Profit Corporation	adopts the follow	ving amer	ndment(s) to
A. If amending name, enter the new n	name of the corporation:				
3D DYNAMIC SOLUTIONS INC.,				The	new
name must be distinguishable and contain "Inc" or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation	l" or the abbrevio name must con	ation "Co tain the	rp.," word
B. Enter new principal office address, (Principal office address MUST BE A 5		N/A - NO CHANGE	ns		
				202	
				25 <u>.</u>	 -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A - NO CHANGE		AN 28	1
(Maning address Style DE 21 - OST	OTTION MAN		· , · ·	PH	
				<u>::</u> _	— <u>—</u>
				. 	
D. If amending the registered agent a new registered agent and/or the ne			ame of the	_	
Name of New Registered Agent	N/A - NO CHANGE			_ _	
	·	treet address)			
New Registered Office Address:	N/A - NO CHANGE		Florida		
		(City)	(2.	ip Code)	
New Registered Agent's Signature, if o	changing Registered Ages	ıt·			
I hereby accept the appointment as regis			ons of the positio	n.	
	Signature of New	Registered Agent, if changing			
	Signature of New	кекыстса якст, у спануту	i		
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	<u>PT</u>	John Doe	
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
l) Change		N/A - NO CHANGE	
Add			
Remove			
2) Change		N/A - NO CHANGE	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
N/A - NO CHANGE	
4444	
177 188	
, 	
provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
N/A - NO CHANGE	

The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
Effective date if applicable:		
Effective date in applicable.	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requipartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for flicient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The jeach voting group entitled to vote separately on the am	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Signature(By a diselecter appoint	reptor, president or other officer – if directors or officer knyan incorporator – if in the hands of a receiver, trust ed fiduciary by that fiduciary) SUSAN MCKENZIE (Typed or printed name of person signing)	
	(Title of person signing)	