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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: ABIAS CONSULT	TING, INC	
DOCUMENT NUMB			A LA BERTS F
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MIRNA DIAZ		
-	-	Name of Contact Person	1
-		Firm/ Company	
	14645 SW 173 ST	,	
-		Address	
	MIAMI FL 33177		
		City/ State and Zip Code	e
	MIRNA_DIAZ27@HOTMA	AL.COM	
•	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
NI	f Contact Person	at ()de & Daytime Telephone Number
name o	I Confact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis	ing Address indment Section ion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ABIAS CONSULTING, INC

(Name of Corporation as currer	ntly filed with the Florida Dept. of State)!!	14 PH 5: 16
P09000005965		1.7 0.16
(Document Number	of Corporation (if known)	,· · ·
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must co	
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 ad new registered agent and/or the new registered office addre		
	2011	
Name of New Registered Agent		·
	street address)	
New Registered Office Address:	(City), Florida	Zip Code)
	, ,	
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent. I am familia	r with and accept the ortigations of the positi	on.
Signature of New	Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (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 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
1) Change	VP	DARIO DUARTE	14645 SW 173 ST
X Add			MIAMI FL 33177
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Art</u> (Attach <i>additional sheets, if necessary</i>).	(Re specific)
DD: DARIO DUARTE (VP)	(De specific)
·	
- -	
	
If an amendment provides for an evel	hange reclassification or cancellation of issued shares
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

Effective date if applicable: 09/15/2023 One 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 a document's effective date on the Department of State's records. Adoption of Amendment(s)	(no more than 90 days after amendment file date) the: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records. Inpution of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehol action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes east 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	The date of each amendment(s) ad date this document was signed.	ption:	, if other that
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 east 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	the: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becament's effective date on the Department of State's records. Inpution of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder was not required. The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval by	Effective date <u>if applicable</u> : 09/15	2023	
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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) MIRNA DIAZ	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) MIRNA DIAZ	must be separately provided for c	ich voting group entitled to vote se	parately on the amendment(s):
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		Signature (By a dir selected	ctor, president or other officer – if by an incorporator – if in the hands	
(Typed or printed name of person signing)	(Typed or printed name of person signing)	<u>-</u>		
			(Typed or printed name o	person signing)