## P10000005549

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: DECONEX INC	
DOCUMENT NUMI	BER: P10000005549	
The enclosed Articles	of Amendment and fee are sui	omitted for filing.
Please return all corres	spondence concerning this mat	ter to the following:
	ROSA ISABEL BALLESTA	S
		Name of Contact Person
	DECONEX INC	·
		Firm/ Company
	5065 NW 74TH AVE., UNIT	`6,
		Address
	MIAMI, FL 33166	
		City/ State and Zip Code
	SANEMM@DECONEXING	.COM
	E-mail address: (to be us	ed for future annual report notification)
For further informatio	n concerning this matter, pleas	se call:
ISABEL BALLESTAS		305 798 77633
Name of Contact Person		Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee  Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee  Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, 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 Articles of Incorporation

DECONEX INC (Name of Corporation as currently filed with the Florida Dept. of State) P10000005549 (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: 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: 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

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
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	D	EMMANUEL ZOUVOSKY	2660 AUGUSTA DR., HOUSTON
Add X Remove	tana 1	2015	
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding a Attach additional sheets,	if necessary). (E	le specific)	<del></del>			
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an amendment provid	les for an exchang	e, reclassification	on, or cancellatio	on of issued shar	es,	
orovisions for impleme (if not applicable, in	nting the amenda	nent if not conta	ined in the amei	idment itself:		
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JANUARY 14/ 2015	*
The date of each amendment(s) adoption:	, if other than the
JANUARY 14/2015	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date videcument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):	2025 i para d
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>
(voting group)	
Dated 03 /24/2025	ů.
To a D.O.O.	
(By a director, president or other officer – if directors or officers have not been	<del>-</del>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
prendent.	
(Title of person signing)	