(Req	uestor's Name)	
bbA)	ress)	
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(City)	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	ument Number)	 -
Certified Copies	Certificates	of Status
Special Instructions to F	iting Officer:	

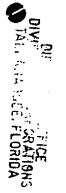
Office Use Only



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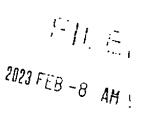
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRANSLATORS.C	OM, INC.	
	BER: P11000008426		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	STEVEN C. HELLER		
		Name of Contact Person	
	SCH ACCOUNTING SERVI	CES, INC.	
		Firm/ Company	
	507 GARDENS DRIVE UNI	, -	
		Address	
	POMPANO BEACH, FLORI	DA 33069	
		City/ State and Zip Code	3
	bocastep1@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e call:	
STEVEN C. HELLE	R	at (<u>954</u> at (226-8627
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.O	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amenc Divisic The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



TRANSLATORS.COM.INC. (Name of Corporation as currently filed with the Florida Dept. of State) P11000008426 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendm its Articles of Incorporation: A. If amending name, enter the new name of the corporation: TRANSLATORS DOT COM INC 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 wore "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

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(Florida street address)

(City)

Signature of New Registered Agent, if changing

, Florida

(Zip Code)

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, na address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer, 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. 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change			<u> </u>	
Add				
Remove				**************************************
4) Change Add		_		
Remove				
51 Change		_	<u> </u>	- <u>-</u>
Add				
Remove				
6) Change		_		
Add				
Pamara				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				
			 -	
				
			· · · · · · · · · · · · · · · · · · ·	 -
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification	ı, or cancellation of	issued shares,	
(if not applicable, indicate N/A)	Iditeur ii not Contan	ned in the amengini	nt usen.	
				

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The date of each amendment() adoption:	, if other
date this document was signed.		
Effective date <u>if applicable</u> :		
	tno more than 90 days after amend	lment file date)
	is block does not meet the applicable statutory filit Department of State's records.	ng requirements, this date will not be liste
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors	without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes e sufficient for approval.	cast for the amendment(s)
	approved by the shareholders through voting group for each voting group entitled to vote separately on	
"The number of votes of	ast for the amendment(s) was/were sufficient for ap	proval
by	(voting group)	<u> </u>
	(voting group)	
	y4, 2023	
	7. 6.0	
sele	a director, president or other officer – if directors or cted, by an incorporator – if in the hands of a receive ointed fiduciary by that fiduciary)	
	RAIMUNDA CELESTINO	
	(Typed or printed name of person sig	ening)
	PRESIDENT	
	(Title of person signing)	

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