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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	DEL SOLGENE	RALSERVICEINC	
DOCUMENT NUMBER:	P11000070387		
The enclosed Articles of Amendo	nent and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
		DEL SOL, LAZARO	
		Name of Contact Person	1
	DI	EL SOLGENERALSER\	/ICEINC
		Firm/ Company	
		437TROPICANA PWY	EAST
		Address	
		CAPECORAL, FL 3390	9
<u> </u>		City/ State and Zip Cod	2
E-ma	il address: (to be us	sed for future annual report	notification)
For further information concerning	ng this matter, pleas	se call:	
DEL SOL	LAZARO	305	986-0795
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:
	.75 Filing Fee & tificate 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)
	Mailing Address Amendment Section		Address Iment Section
Division of Co	rporations	Divisio	on of Corporations
P.O. Box 6327 Tallahassee, FI	. 32314		Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



DEL SOLGENERAL SERVICEINC

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000070387

(Docum	ment Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Co	rporation adopts the following amendme
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A profession	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		nter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		e obligations of the position.
Cian	nature of New Posistaned Asset i	if changing

Signature of New Registered Agent, if changing

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.

X Change	<u>PT</u>	John Do	<u>ne</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V	_	MOISESLLONART	437TROPICANA PWY EAST
X Add				CAPECORAL, FL 33909
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

(Attach	ading or adding additional Articles, of additional sheets, if necessary). (Be	specific)	•		
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provis	nendment provides for an exchange, ions for implementing the amendment in the applicable, indicate N/A)	reclassification, or nt if not contained in	cancellation of issue n the amendment its	ed shares, self:	
		· · · · · · · · · · · · · · · · · · ·			

date this document was signed.
Effective date if applicable:
(no 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 as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
■ 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):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
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)
DEL SOL, LAZARO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)