P13000019964

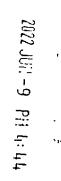
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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C/ 8/25/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DUDAS ENTERP	RISES CORP	
DOCUMENT NUMI	EA0010000514		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre-	spondence concerning this ma	tter to the following:	
	MAGDOLNA DUDAS-SZA	ВО	
		Name of Contact Pers	on
	DUDAS ENTERPRISES CO	RP	
		Firm/ Company	
	405 ULELAH AVE		
		Address	
	PALM HARBOR,FL 34683		
		City/ State and Zip Co	ode
	suncrest_ine@yahoo.com		
	E-mail address; (to be us	ed for future annual repo	rt notification)
	n concerning this matter, pleas		251.014
MAGDOLNA DUDA		at ()
Name o	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made [payable to the Florida De	partment of State:
■ \$35 Filing Fee	☐\$43,75 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)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Amer Divis The (2415	t Address adment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Amendment to Articles of Incorporation of



DUDAS ENTERPRISES CORP

2022 JUN - 9 PH 4: 44

(s) to

(Name of Corporation as curre	itly filed with the Florida	Dept. of State)
P13000019964		1
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporatio	n adopts the following amendment
A. If amending name, enter the new name of the corporation:		
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 professional corporation	The new red" or the abbreviation "Corp.," on name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
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 ac new registered agent and/or the new registered office addre		name of the
Name of New Registered Agent		
(Flarida	strect address)	
	30000	The distriction
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	nt: r with and accept the obliga	ations of the position.
Signature of New	Registered Agent, if changi	ing
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)

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 = 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	$\overline{\mathbf{b.L}}$	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

i. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) O CORRECT THE VP FIRST NAME IT'S SHOWS DUDAS-SZABO NICOLAS AND MUST BE DUDAS-SZABO			
TCHOLAS			
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
	_		
	-		
	_		
	_		
	_		
	_		
	_		

	06-08-2022	
The date of each amendmen		, if other than th
date this document was signed		
Effective date if applicable:	06-08-2022	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date v he Department of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action a	and shareholder
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	tvoting group)	
06-08	-2022	
Dated		
	Magol Ino, Cay	
Signature <u>&</u>	y a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	MAGDOLNA DUDAS-SZABO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	