P15000015503

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Certified Copies	_ Certificates	of Status
Special Instructions to		
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R. WHITE AUG 1 0 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DSB&M CORP				
DOCUMENT NUM					
	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	JAMSA KARINA ARCHID				
	 -	Name of Contact Person			
	DSB&M CORP				
		Firm/ Company			
	8370 NW 66th ST				
		Address			
	MIAMI FL 33166				
		City/ State and Zip Code			
	maruen@zeppled.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	786	9255753		
Name of Contact Person		at (at Coc	_)le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made				
S35 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 Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amendi Division The Cc 2415 N	Address ment Section t of Corporations entre of Tallahassee f. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation

of DSB&M CORP

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

DSB&M CORP	ZZ. 1.27 FT 2:26
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P15000015503	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "cor, "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the ffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I d	tered Agent: am familiar with and accept the obligations of the position.
Signatu	re of New Registered Agent, if changing
Cheek if applicable	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	MARUEN MAKLAD	8370 NW 66th ST
Add			Miami FL 33166
X Remove			
2) Change	P	JAMSA KARINA ARCHID	8850 NW 36th ST
X Add			APT 2410
Remove 3) Change			MIAM1 FL 33178
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	idding additional Art I sheets, if necessary).	(Be specific)			
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<u>in amendmen</u> t	proyides for an exch	iange, reclassificati	on, or cancellation	of issued shares,	
	provides for an exchange the ame	ndment if not conta	ined in the amend	ment itself:	
ovisions for in	able, indicate N/A)			•	
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	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	(ate)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirent epartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without sha	rcholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the ifficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The followed each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
	(voting group)	
07/12/2021 Dated	freetox presidentor other officer – if directors or officers ha	ove not been
selecte	d, by an incorporator - if in the bands of a receiver, trustee,	
appoin	ed fiduciary by that fiduciary)	
	JAMSA KARINA ARCHID	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	