P18000050386

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: DIRECT APPLIA	NCES CORP	
	NUMBER: P18000050386		
	rticles of Amendment and fee are st	ubmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	LUIS R. SMITH		
		Name of Contact Persor	1
	TAXES USA MIAMI LLC		
	·····	Firm/ Company	·
	5892 STIRLING RD # 4		
	<u>-</u>	Address	<u> </u>
	HOLLYWOOD, FL 33021		
		City/ State and Zip Code	
	INFO@TAXESUSAMIAM	I.COM	
	E-mail address: (to be u	ised for future annual report	notification)
For further info	rmation concerning this matter, plea	ase call:	470-2429
. .	Name of Contact Person	at (Area Coo	de & Daytime Telephone Number
	neck for 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)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

2ύ22....2510: 03

DIRECT APPLIANCES CORP

(Name of Corporat	ion as currently filed	with the Florida Den	ot, of State)
P18000050386			
(Docum	ment Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this <i>Florida</i>	ı Profit Corporation a	dopts the following amendment(s
A. If amending name, enter the new name of the c	corporation:		
			The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	," or "Co". A profe	iy," or "incorporated" ssional corporation n	or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u> o	<u>ox</u>)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		Florida, enter the na	me of the
Name of New Registered Agent			
	(Florida street add	ress)	
New Registered Office Address:			_, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with an	d accept the obligation	ns of the position.
Sign	nature of New Register	ed 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)

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 Doc		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		LOISBETH Y. SALAVERRIA	153 W 29ST STREET
X Add		_		HIALEAH, FL 33012
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

Attach additional sheets, if necessary	rticles, enter change(s)). (Be specific)			
				
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		1.154		
f an amendment provides for an ex	xchange, reclassificatio	n, or cancellation of	issued shares,	
provisions for implementing the an	mendment if not contai	ined in the amendme	nt itself:	
(if not applicable, indicate N/A)				
<u> </u>				
33 <u></u>				<u> </u>

The date of each amendment(s date this document was signed.) adoption:, if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ 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/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The jollowing statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
07/14/2 Dated Signature_1	022
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
•	JOSE ALEJANDRO CHEDIAK
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)