P19000011906

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R. HUNT 06/67/25

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DELFINO & SCA	ANDAR SERVICES, INC.				
DOCUMENT NUM	BER: P19000011906					
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.				
Please return all corre	espondence concerning this nu	atter to the following:				
	SHEILA DE LUCA					
	Name of Contact Person					
	SDL TRUST CONSULTING	G COR'P				
	Firm/ Company					
	5561 LAKESIDE DRIVE #202					
	Address					
	MARGATE FL 33063					
		City/ State and Zip Co	de			
	SDLTRUSTCONSULTING@GMAIL.COM					
	E-mail address: (to be us	sed for future annual repor	t notification)			
	on concerning this matter, plea	sc call:				
SHEILA DE LUCA		at (⁹⁵⁴) 815-0858			
Name	of Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

DIVISION OF CLEPORATE A

Articles of Amendment to Articles of Incorporation of

DEL	FINO	Į.	SCANDAR	SERVICES	INC
1101	$\Gamma = N \times I$	α	ついかいけんか	COUNTILLO	

(Name o	f Corporation as currently	filed with the Florida De	pt. of State)		
P19000011906					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation	adopts the fo	ollowing amendm	ent(s) to
A. If amending name, enter the new na	ame of the corporation:			77	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	" or the abb name must	The nereviation "Corp., contain the wor	
B. Enter new principal office address,	if applicable:				
(Principal office address MUST BE A S				20	G.
			-		
					- <u>1</u> 255
C. Enter new mailing address, if appli	cable:			-7	
(Mailing address MAY BE A POST of					
				<u> </u>	995 257
				£	:"
				0	<i>*</i> .
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address:	ess in Florida, enter the na	ame of the		
Name of New Registered Agent	Sheila de	Luca			
•	5561 Lake	vet address)	202		
New Registered Office Address:	margate		Florida_	33063	
<u>меж неумилей Одисе маагем</u> .		City)	r ionda	(Zip Code)	
New Registered Agent's Signature, if cl	hanging Registered Agent:				
Thereby accept the appointment as registe	ered agent. I am famili <mark>a</mark> r w	ith and accept the obligation	ons of the po	sition.	
	ſ				
	Ar Lill	2			
	Signature of New Re	gistered Agent, if changing			
	right on a sylvian field				
Check if applicable ☐ The amendment(s) is/are being filed properties.	ursuant 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)

Remove

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	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>p</u>	Kellyane Riveiro de França	5055 WILES RD #204
Add			Coconut Creek FL 22073
X Remove			
2) Change	p	Frederico Delfino Risso	5055 Wiles Road #204
X Add			Coconut Creek FL 33073
Remove Change			
Add			
Remove			
4) Change			
Add			POZ3 JUN
Кенюус			
5) Change			-
Add			
Remove			
6) Change			
Add			

BIVISION OF YOUR STATE

The date of ea	05/18/2023 ch amendment(s) adoption:	, if other than the
date this docur	nent was signed.	
	05/18/2023	
Effective date		
	(no more than 90 days after amendment file date)	
	ate inserted in this block does not meet the applicable statutory filing requirements, this date ective date on the Department of State's records.	will not be listed as the
Adoption of A	mendment(s) (<u>CHECK ONE</u>)	
	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action to required.	and shareholder
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) cholders was/were sufficient for approval.	
	nent(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendmentis):	d.
"The	number of votes east for the amendment(s) was/were sufficient for approval	
by		
. —	(voting group)	
	05/18/2023	01Ý 201
	Dated	23 ISI
		JIVISION CE 2023 JUN -
	Signature /	2 657-
	(By a director, president or other officer – if directors or officers have not been	—— · j g型
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court	필요:
	appointed fiduciary by that fiduciary)	프 위()
		<u>2</u> 22
	FREDERICO DELFINO RISSO	PM 12: 40
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	