## P19000554186

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PALLAHASSEE, FLORGE

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Damian & Diaz So	lution Corp			
DOCUMENT NUMB	P19000054196				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	pondence concerning this mat	tter to the following:			
	Damian Fonseca Reyna				
•	Damian & Diaz Solution Corp	Name of Contact Person	1		
		·			
	4720 SE 15th Ave # 211	Firm/ Company			
-	-	Address			
	Cape Coral FL, 33904				
		City/ State and Zip Cod	e		
	d4mi4nfonsec4@gmail.com				
-	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Damian Fonseca Reyn	a	at ( <sup>786</sup>	626-8391		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section In of Corporations In of Tallahassee In Monroe Street, Suite 810 Issee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

Damian & Diaz Solution Corp			
(Name of Corporation as current	tly filed with the Florida Dep	t. of State)	
P19000054186			
(Document Number of	of Corporation (it known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation ac	lopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:			
		7	The new
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.	A professional corporation n		
B. Enter new principal office address, if applicable:	4720 SE 15TH AVE # 211	I	
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL FL, 33904		
		•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4720 SE 15TH AVE # 211	ALLA SECRE	2024 SE
	CAPE CORAL FL, 33904	25.2	<u></u>
		<del>-                                    </del>	<b>-€1</b>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address  Name of New Registered Agent		me of the STATE	14 15: 14 0
Name of New Registerea Agent			
(Florida și	reet address)		
New Registered Office Address:		, Florida	
New Registered Office Madress.	(City)	. Piorida (Zip Co	de)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligation	s of the position.	
Signature of New I	Registered 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	PT	John De	<u>oe</u>	
X Remove	V	Mike Jo	ones	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	VP	_	MALVY C DIAZ GONZALEZ	510 NW 8TH TER
Add				CAPE CORAL FL, 33993
X Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. <u>If amending</u> (Attach <i>addit</i>	or adding additional Articlional sheets, if necessary).	les, enter change(s) (Be specific)	here:		
	MALVY C DIAZ GONZALE			n.	
				<u> </u>	
					-
				<del></del>	
If an amend	ment provides for an excha	nua raclassification	or cancellation of is	enad charac	
provisions	for implementing the amend	dment if not contain	ed in the amendmen	t itself:	
	pplicable, indicate N/A)				
/A	<del></del>				
		·			
		· · ·			
	<del></del>		<del></del>		

The date of each amendment(s) ac	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
<del>- "</del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the Do	lock does not meet the applicable statutory filing requirements, t partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	ment(s)
	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s,	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
bv	<u>,"</u>	
· ———	(voting group)	
8/29/2024 Dated		
Signature		
selected	rector, president or other officer – if directors or officers have not t, by an incorporator – if in the hands of a receiver, trustee, or othe ed tiduciary by that fiduciary)	
	DAMIAN FONSECA REYNA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>