P19 000059301

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: REDS TECHNOL	OGIES & SERVICES, INC	C	
DOCUMENT NUM	D10000050701			
The enclosed Article	es of Amendment and fee are su	abmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	RAFAEL E DAVILA			
		Name of Contact Perso	n	
		Firm/ Company		
	9260 W 33RD WAY			
		Address		
	HIALEAH, FL 33018			
		City/ State and Zip Cod	e	
	RAFAEL.DAVILA@REDS	ERVICE.INFO		
	E-mail address: (to be u	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call: 786	301-3364	
Namo	Name of Contact Person Area Co		de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	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)	
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation

	of States				
EDS TECHNOLOGIES & SERVICES, INC					
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)				
P19000059301	ntly filed with the Florida Dept. of State)				
(Document Number	r of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s				
A. If amending name, enter the new name of the corporation:					
	The new				
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word				
B. Enter new principal office address, if applicable:	9260 W 33RD WAY				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FL 33018				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9260 W 33RD WAY				
	HIALEAH, FL 33018				
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	ddress in Florida, enter the name of the ess:				
Name of New Registered Agent					
(Florida	street address)				
New Registered Office Address:	, Florida				
	(City) (Zip Code)				

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

__ Add

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.

Example: X Change <u>PT</u> John Doe X Remove \underline{V} Mike Jones \underline{X} Add ŞV Sally Smith Type of Action <u>Title</u> Name Address (Check One) VP ALBERTO A DAVILA 6502 NW 105TH PL 1) ____ Change DORAL, FL 33178 Add __ Remove LUIS R DAVILA 1209 GLEASON PKWY 2) ____ Change CAPE CORAL, FL 33914 ____ Add Remove 3) ___ Change ____ Add __ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change __ Add __ Remove 6) ___ Change

(Attach additional sheets, if necessary).	. (Be specific)			
I/A				
		-		<u> </u>
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If an amendment provides for an exc provisions for implementing the am	<u>:hange, reclassifica</u> iendment if not con	<u>tion, or cancellation</u> tained in the amen	1 of issued shares, dment itself:	
(if not applicable, indicate N/A)			<u> </u>	
IEW SHAREHOLDERS				
AFARI E DAVII A 509/				
AFAEL E DAVILA 50%		<u> </u>	· · · ·	
AFAEL E DAVILA 50% LBERTO A DAVILA 50%				

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	08/23/2022	
The date of each amendment date this document was signed.		_, if other than the
Effective date if applicable:	08/23/2022	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder action and s	shareholder
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
must be separately provided	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s): cast for the amendment(s) was/were sufficient for approval	2022 SEP -7 P.H 6: 14
by		1
	(voting group)	- P
08/23.	(3033	FT. 6
Dated		
Signature		.
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	RAFAEL E DAVILA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	