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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DEDICATION TO) REMODEL, CORP			
	BER: P19000061785				
The enclosed Articles	of Amendment and fee are so	ibmitted for tiling.			
Please return all corre	spondence concerning this ma	atter to the following:			
	FERNANDO SILVA				
		Name of Contact Perso			
	SKYTRUST ENTERPRISE, ELC				
		Firm/ Company			
	123 NW 13TH ST. SUITE 2	14-12			
		Address			
	BOCA RATON, FL 33432				
		City/ State and Zip Cod	e		
	FERNANDO@SYTRUSTENTERPRISE.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call: at (at (463-2557		
Name of Contact Person		at (Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made				
■ \$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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, Fl. 32303		

Articles of Amendment to Articles of Incorporation of

2022 NOV -3 AM 10:

DEDICATION TO REMODEL, CORP.

(Name of Corporation as cur	rently filed with the Florida Dept. of State SSF CF 313
P19000061785	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendn
A. If amending name, enter the new name of the corporatio	
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."	C. A professional corporation name must contain the wor
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	·
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent	
1Floria	da street address)
New Registered Office Address:	
Segmenta y pace rata cas.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent.—I am fami.	gent: liar with and accept the obligations of the position.
Signature of N	ew Registered Agent, if changing

Check if applicable

 \square 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, maddress of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P = President, V = Vice President: F = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEC Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each of 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 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
L) Change	VP	ALEXANDRE INACIO DE SA	3901 NW 9TH AVE #7
X Add			POMPANO BEACH, FL 33064
Remove			
2) Change			
Add			•
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
51 Change			
Add			
Remove			
6) Change	**-		***
Add			
Remove			

Attach additional sheets, if necessary)	rticles, enter change(s) here; (. (Be specific)	
	, ,	
		
		- 4-4
		
<u> </u>		
		
		
f an amendment provides for an exc	change, reclassification, or cancellation of issued sl	iares,
provisions for implementing the am	nendment if not contained in the amendment itself:	
(if not applicable, indicate NA)		

	option;	, if other
date this document was signed.		
Effective date <u>if applicable</u> :		
	tno move than 90 days after amendment file da	(e)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be liste
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the a ficient for approval.	mendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amendm	
"The number of votes east it	or the amendment(s) was/were sufficient for approval	
by		
·	(voting group)	
10/26/2022		
Dated		
(By a dir selected, appointe	de Andrada Notto. ector, president or other officer – if directors or officers hav by an incorporator – if in the hands of a receiver, trustee, of d fiduciary by that fiduciary) TALO DE ANDRADE NETTO	
_		<u></u> -
	(Typed or printed name of person signing)	
i		
_	(Title of person signing)	