P20 000001242

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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: $\underline{\underline{\hspace{1cm}}}^{\text{DIMISAM}}$ SOLUTIONS, CORP. DOCUMENT NUMBER: P20000001242 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEONARDO R ROJAS Name of Contact Person L & B PROFESSIONAL ASSOCIATES INC Firm! Company 4913 SW 154 CT Address MIAMI, FL 33185 City/ State and Zip Code LROJASOVIEDO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONARDO R ROJAS at (786) 487-6703

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FULED

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DIMISAM SOLUTIONS, CORP.

(Name of Corporation	as currently filed with the Florida Dept. of Sfafe ADV	25 .2 =
P20000001242	TALLANDA	作品類目
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corp	poration:	
DIMMAK DESIGN, CORP	_ _	
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	poration," "company," or "incorporated" or the abbreviation	The new "Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	<u>ESS</u>)	 _
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	Loffice address in Florida, enter the name of the fice address:	
Name of New Registered Agent		
	-	
	(Florida street address)	
New Registered Office Address:	(City) Florida (Zip Co	
	·	•
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a.	ered Agent: on familiar with and accept the obligations of the position.	
Signatui	re of New Registered Agent, if changing	

Check if applicable

El The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	-	_		
, Add				
Remove				
6) Change		_		
Add				
Remove				

attach additional sheets, if necessary),	cles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
novisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

Senso and the control of the control	10/22/2021
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by the action was not required.	te incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	r approval.
☐ The amendment(s) was/were approved by must be separately provided for each votil	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):
"The number of votes east for the an	endment(s) was/were sufficient for approval
by	
Dated	eside it or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
GABRIE	LA DI MICHELE
	(Typed or printed name of person signing)
PRESIDE	N'T
	(Title of person signing)