P20000004228

(Re	equestor's Name)	-		
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DGSACO CORP DOCUMENT NUMBER: P20000004228 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PINA YADONISI Name of Contact Person CASYA BUSINESS SOLUTIONS CORP Firm/ Company 15800 PINES BLVD SUITE 305 Address PEMBROKE PINES, FL 33027 City/ State and Zip Code CASYABUSINESS@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PINA YADONISI 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 Certificate of Status Certified Copy (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 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DGSACO CORP	
(Name of Corporation as of	currently filed with the Florida Dept. of State)
P20000004228	
(Document No	lumber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	<u>ation:</u>
	The new
name must be distinguishable and contain the word "corpora" "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	ntion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>S</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 off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
(F.	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	ad Agent
I hereby accept the appointment as registered agent. I am fo	Camiliar with and accept the obligations of the position.
D1 4:	of New Registered Agent, if changing
Signature o	y tvew Registered Agent, y 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	OMAIRA DI ZIO	230 SW 117TH TER BLDG 11 AF
Add			PEMBROKE PINES, FL 33025
Remove 2) Change	VP	CLAUDIO TAURCHINI	230 SW 117TH TER BLDG 11 AI
X Add			PEMBROKE PINES, FL 33025
Remove 3) Change	S	ALESSANDRA TAURCHINI	230 SW 117TH TER BLDG 11 AF
X Add			PEMBROKE PINES, FL 33025
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)			
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The date of such amondment(c) ad	09/01/2020	, if other than the
ane date of each amendment(s) ad date this document was signed.		
	/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after am	endment file date)
Note: If the date inserted in this bl document's effective date on the De	bek does not meet the applicable statutory partment of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	sted by the incorporators, or board of director	ors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vol Ticient for approval.	tes east for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groeach voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes east	or the amendment(s) was/were sufficient for	r approval
by		"
	(voting group)	
09/01/2020		
Dated		
Signature	Mulaub	
(By a di selected	rector, president or other officer – if director, by an incorporator – if in the hands of a rec a fiduciary by that fiduciary)	
	STEFANO TAURCHINI	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing)	