P20 000007536

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J. FASON JUN 23 2021 2021 ETY 10 ET 8: 34

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: DLS INNOVATION	ON GROUP, INC			
DOCUMENT NUM	1BER: P20000007536				
	es of Amendment and fee are su	abmitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:			
	LIOSKA MEDINA				
		Name of Contact Person	n		
	DLS INNOVATION GROU	P, INC			
		Firm/ Company			
	20801 BISCAYNE BLVD, STE 340				
		Address			
	AVENTURA, FL 33180				
		City/ State and Zip Cod	e		
	LMEDINA@DLS-INS.COM	1			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
LIOSKA MEDINA		at (786	262-9906		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DLS INNOVATION GROUP, INC

(Name	of Corporation as current	v filed with the Florida De	ent of State)	
P20000007536	<u> </u>	, med pom me i jorida ise	<u>.pc. 07 3.2.c</u>)	
	(Document Number o	f Corporation (if known)		- · · · ·
Pursuant to the provisions of section 607 its Articles of Incorporation:	7,1006, Florida Statutes, this	Florida Profit Corporation	adopts the following	g amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association,	Corp," "Inc." or "Co". A			n "Corp.,"
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S		_		
			*. *	
			· · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
			-	
D. If amending the registered agent as			ame of the	
new registered agent and/or the ne				
Name of New Registered Agent	N/A			
	N/A			
	(Florida str	ret address)		
New Registered Office Address:	_		, Florida	
		(City)	(Zip C	ode)
				~3
New Registered Agent's Signature, if c	hanging Registered Agent:			7021 H.; Y
I hereby accept the appointment as regist			ons of the position.	
				710
	Signature of New Re	gistered Agent, if changing		3
		G Transferring Transferrig		တ် ည
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607 0120 (11) (e) F S	1 2 *	<i>⊈</i> _
- The amendment(3) is are being inted p		- /. ·		

and the same

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	JUAN MANUEL PINERA	20801 BISCAYNE BLVD
Add			STE 340
X Remove			AVENTURA, FL 33180
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
டு Change			
Add			
Remove			

	additional she	ets, if necessary).	(Be specific)				
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lf an ar	mendment pro	vides for an excl	nange, reclassif	ication, or can	cellation of issu	ied shares,	
provis	<u>sions for imple</u> f not applicable	nenting the amo	ndment if not	contained in th	e amendment i	tself:	
4 4	попиранеште	Dialettic 1771)					
				. <u>-</u>			
			<u> </u>				
	 .	 		<u>-</u>	···		

The date of each amendment(s) adoption:	, 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 not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	u
"The number of votes east for the amendment(s) was/were sufficient for approval	~2
bv	021
by" (voting group)	2021 NAY 10
5/3/21	10
Dated	<u> </u>
Signature	တ္ 🚽
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<u></u> S
ROBBATO TE las SUAS	
(Typed or printed name of person signing)	
PASS, DOUT	
(Title of person signing)	