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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MEGA DEVELOP	MENT AND COMP CORE) 			
DOCUMENT NUMB	ER: P20000012064					
	f Amendment and fee are sub	omitted for filing.				
Please return all corresp	ondence concerning this mat	ter to the following:				
	AIXA AVILES					
-		Name of Contact Person				
	EQUINOX SOLUTIONS CORP					
-	Firm Company					
,	2800 S ORANGE BLOSSOM TRAIL SUITE E					
-	Address					
	ORLANDO , FLORIDA 32805					
-	City/ State and Zip Code					
	A.AVILES@EQ-SO.COM					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information concerning this matter, please call:						
AIXA AVILES		407 at (850-7280 de & Daytime Telephone Number			
Name o	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	☐\$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amene Divisio The C 2415 1	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as c	currently filed with the Florida Dept, of State)	
P20000012064		
(Document Na	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corpora	ition:	
MEGA STEEL DEVEP CORP		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	'Co". A professional corporation name must contain	n "Corp.," the word
B. Enter new principal office address, if applicable:		2
(Principal office address <u>MUST BE A STREET ADDRESS</u>	2' <u></u>	024
		AUG
	25	2
C. Enter new mailing address, if applicable:	第 5 70	一 山
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	37
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:	
Name of New Registered Agent		
(F	lorida street address)	
New Registered Office Address:	, Florida	-
	(City) (Zip C	(ode)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	ed Agent:	

Signature of New Registered Agent, if changing

Check if applicable

 $[\]square$ The amendment(s) is/are being tiled 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add		-	
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	-
<u></u>	
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

٠.

The date of each amendment(s) adoption date this document was signed.	: Augus	Г 21, 2024	, if other than the
Effective date <u>if applicable</u> :	(no more than 90	days after amendment file date)	
Note: If the date inserted in this block dedocument's effective date on the Departme	oes not meet the applica ent of State's records.	ble statutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
★ The amendment(s) was/were adopted by action was not required.	y the incorporators, or bo	pard of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien		number of votes east for the amer	idment(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through	ugh voting groups. The following ote separately on the amendment	statement (s):
"The number of votes east for the	amendment(s) was/were	e sufficient for approval	
by	(voting group)	,	
AUGUST 21 202 Dated Signature	4) M	· · · · · · · · · · · · · · · · · · ·	st hours
selected, by a		er – if directors or officers have no hands of a receiver, trustee, or of	
VSDL	KOS MOSQUERA, LU	Z M	
	(Typed or printed n	name of person signing)	
PRES	IDENTE		
	(Title of person sign	ning)	