P20000094644

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: DAY AFTER DAY CONSULTING GROUP INC
DOCUMENT NU	MBER: P20000094644
The enclosed Artico	les of Amendment and fee are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	CARLOS PAREDES
	Name of Contact Person
	DAY AFTER DAY CONSULTING FIRM, INC
	Firm/ Company
	15190 SW 177TH AVE
	Address
	MIAMI, FL 33196
	City/ State and Zip Code
	ARIANA@1PRFC.COM
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
CARLOS PARED	ES 305 902-5002
Nan	ne of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount made payable to the Florida Department of State:
S35 Filing Fee	Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

DAY AFTER DAY CONSULTING GROUP, INC.

JAT AFTER DAT CONSULTING OROUP, INC		
(Name of Corporation as cur	rently filed with the Florida De	pt. of State)
20000094644		
(Document Num)	ber of Corporation (if known)	
·	,	,
ursuant to the provisions of section 607.1006, Florida Statutes, Articles of Incorporation:	this Florida Profit Corporation	adopts the following amendment(:
•		
If amending name, enter the new name of the corporatio	<u>n:</u>	
*****		The new
me must be distinguishable and contain the word "corporation nc" or Co.," or the designation "Corp," "Inc," or "Co hartered," "professional association," or the abbreviation "i	". A professional corporation	" or the abbreviation "Corp.," name must contain the word
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRESS</u>)		
	· · · · · · · · · · · · · · · · · · ·	_
Enter non-mailing address if annihilation		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office new registered agent and/or the new registered office add 		ime of the
Name of New Registered Agent		
(Flori	da street address)	
New Registered Office Address:		. Florida
The stage of the state of the s	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered A		
nereby accept the appointment as registered agent. I am fami	liar with and accept the obligation	ns of the position.
		انتها کی است. انتقال کی است.
		문환 등
Circumation of M	lew Registered Agent, if changing	
Signature of W	ew negisterea ngent, ij changing	
heck 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)

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 Doc	
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>	<u>Addres</u> s
1) X Change	P	ARIANA PAREDES	15190 SW 177 AVE
Add			MIAMI, FL 33196
Remove	P	ADRIAN PAREDES	15190 SW 177TH AVE
2) Change Add			MIAMI, FL 33196
X Remove 3) Change	VP	CARLOS PAREDES	15190 SW 177TH AVE
Add X Remove			MIAMI, FL. 33196
4) Change	VP	NIYOMAR RUIZ	15190 SW 177TH AVE
X Add			MIAMI, FL. 33196
Remove			
5) Change		_	
Remove			~
6) Change			32.70 3.71 4.75
Add			007
Remove			- - 2 - 2

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	<u> </u>
	, ,,,
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	
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	*
	20 PR 10 10

	09/15/2024	
The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirent of State's records.	rements, 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.	by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for not for approval.	the amendment(s)
	by the shareholders through voting groups. The f voting group entitled to vote separately on the ame	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/15/2024 Dated		
selected, by a	r, president or other officer – if directors or officer in incorporator – if in the hands of a receiver, trust uciary by that fiduciary)	
ARIA	ANA PAREDES	
	(Typed or printed name of person signing)	
PRES	SIDENT	
	(Title of person signing)	

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