Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002592073)))



H210002592073ABC

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079

Phone : (305)804-1047

Fax Number : (866)767-7835

Enter the email address for this business entity to be used for future -: annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

DSV TAX & BUSINESS SERVICE INC

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Fax: 18663534403

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Articles	of A	mendment
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to
Articles of Incorporation

(((H21000259207 3)))

	•	of		
DSV TAX & BUSINESS SERVICE IN	IC			
(Name	of Corporation as curren	itly filed with the Florida De	ept. of State)	
P21000048708				
·	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the followi	ng amendment(s) to
A. If amending name, enter the new n	name of the corporation:			
name must be distinguishable and cor "Corp" "Inc" or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpo	porated" or the or pration name must	The new abbreviation contain the
B. Enter new principal office address, if	. if applicable:	3000 SW 3RD AVE		
(Principal office address <u>MUST BE A S</u>		APT 603		2021
		MIAMI, FL 33129		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3000 SW 3RD AVE		0
		APT 603	,	7
				9
D. If amending the registered agent an new registered agent and/or the ne			ime of the	And the second s
Name of New Registered Agent	ESTELA SALVATIERR	Α		
	3000 SW 3RD AVE. APT 603			
	(Florida si	reet address)		_
New Registered Office Address:	MIAMI		_, Florida	
	(City)		(Zip	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	<u>t:</u>		
hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligation	ns of the position.	
	Estela Sal	lvatierra		

Signature of New Registered Agent, if changing

From: Hector Rodriguez

Fax: (850) 617-6380

(((H21000259207 3)))

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)

_ Remove

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 PT John Doe X Remove V Mike Jones X Add <u>\$V</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) 1) X Change **ESTELA SALVATIERRA** 8724 SW 72ND ST **SUITE 217** Add MIAMI, FL 33173 Remove **ESTELA SALVATIERRA** 3000 SW 3RD AVE Change **APT 603** __ Add MIAMI, FL 33129 ____ Remove 3) ____ Change ____ Add __ Remove 4) ____ Change __ Add _ Remove 5) ____ Change Add__ Remove 6) ____ Change ____ Add

From: Hactor Rodriguez

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(if not applicable, indicate N/A)

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Ta: Sunbiz Corp

Fax: (850) 617-6380

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From: Hector Rodriguez

Fax: 18663534403

To: Sunblz Corp

Fax: (850) 617-6380

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The date of each amendment(s) adopti	(((H21259207 3)))	
date this document was signed.	ion:	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 document's effective date on the Departr	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
The amendment(s) was/were approved must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
7/4/2021 Dated		
Signature_Estela	Salvatierra	
selected, by a	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
ESTE	ELA SALVATIERRA	
	(Typed or printed name of person signing)	_
PRES	SIDENT	
	(Title of person signing)	