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Division of Corporations

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From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155

Phone : (305)882-1238

Fax Number

: (305)882-1260

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COR AMND/RESTATE/CORRECT OR O/D RESIGN FERRO DESIGNER, CORP

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Help

TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: FERRO DESIGNER CORP DOCUMENT NUMBER: P22000022987 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KEVIN B FERRO RIVERA Name of Contact Person FERRO DESIGNER CORP Firm/ Company 2089 NW 141 ST Address OPA LOCKA FL 33054 City/ State and Zip Code AB1100@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KEVIN B FERRO RIVERA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & S35 Filing Fee ☐\$43.75 Filing Fec & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

FERRO DESIGNER CORP			
(Name of Corporation	as currently filed w	ith the Florida Dept. of St	ate)
P22000022987			
(Document)	nt Number of Corpor	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida	Profit Corporation adopts th	ne following amendment(s) to
A. If amending name, enter the new name of the corp	poration:		
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc.," or chartered," "professional association," or the abbrevia	or "Co". A profess	" or "incorporated" or the cional corporation name m	The new abbreviation "Copp.," ust contain the word
B. Enter new principal office address, if applicable:			,
(Principal office address MUST BE A STREET ADDR	ESS)		
		 	,
			
C. Enter new mailing address, if applicable:			35 15
(Mailing address MAY BE A POST OF FICE BOX)	<u> </u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off Name of New Registered Agent	fice address:	orida, enter the name of th	
and the second section of the section of the second section of the section of the second section of the second section of the section of			
	(Florida street addres	<i>(5)</i>	
New Registered Office Address:		, Florid	·· ·
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	(City) e <mark>ered Agent:</mark> im familiar with and t	accept the obligations of the	(7.ip Code) position.
Signatu	re of New Registered	Agent, if changing	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (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.

Example:

X Change	PT	<u> John De</u>	<u>oc</u>		
X Remove	<u>v</u>	Mike Jo	ones		
<u>X</u> Add	<u>\$V</u>	Saliv Si	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	2023
1) Change	VP	_	HOMERO SANCHEZ TRUJILLO	952 W 30TH ST APT I	13.
X Add				HIALEAH FL 33012	
Remove					
2) Change	_				
Add					ري <u> </u>
Remove 3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					_
5) Change		_			
Add				<u></u>	
Remove					
6) Change		_			
Add					
Remove					

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
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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)	ن
	_

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
паружения	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action and	l shareholder
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
7/14/202		20
DatedSignature	× KV	2023
(By a selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	- - -
	KEVIN B FERRO RIVERA	
	(Typed or printed name of person signing)	 Ω
	OWNER	
	(Title of person signing)	