P22000046646

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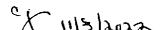
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Technology Staffin	ng Solutions Inc. d/b/a TSS	
DOCUMENT NUM	BER: P22000046686		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Austin Dalmida Jr		
		Name of Contact Person	1
	Technology Staffing Solution	as Inc.	
		Firm/ Company	-
	2304 Holland Street		
		Address	
	Kissimmee, FL 34746		
		City/ State and Zip Code	2
	duron101@yahoo.com		
	E-mail address; (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Austin Dalmida Jr		at (<u>407</u>	350-4520
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

* Technology Staffing Solutions Inc.

(Name of Corporation as currently	filed with the Florida Dept. of State). 27 [1:2]
P22000046686	1.21
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ess in Florida, enter the name of the
tFlorida stre	et addressi
N. D. S. LANG, All	m · i
New Registered Office Address:	, Florida Cuyr (Zip Coder
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w. Signature of New Re	ith and accept the obligations of the position. gistered Agent, if changing
Charlest annihable	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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: XChange	PT	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>	<u>Addres</u> s
1) Change	Ð	Sharon I. Jarvis	1113 ST. Phillips Court
X Add			Locust Grove, GA 30248
Remove			
2) Change	<u>s</u>	Sandra J Dalmida	2304 Holland Street
X Add			Kissimmee, FL 34746
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach <i>additional she</i> e	ets, if necessary).	les, enter change (Be specific)			
					
					
_					
					<u> </u>
· · ·					
f an amendment pro provisions for imple	menting the amend	nge, reclassificat dment if not con-	ion, or cancellation tained in the ame	on of issued shares	<u>i</u>
(if not applicable	r, indicate N/A)				

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: It' the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by 2
(voting group)
7/21/2022 Dated Signature
(By a director, president deather 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)
Austin Dalmida Jr
(Typed or printed name of person signing)
President
(Title of person signing)