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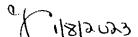
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2022 OCT -7 AM 8: 22

SECRETARING SEPTERS



COVER LETTER

- TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALL CONNECTION	ON SERVICES INC	
DOCUMENT NUM	P22000051570		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LAILA SABRY		
		Name of Contact Persor	 1
	ALL CONNECTION SERVI	ICES INC	
		Firm/ Company	
	6900 TAVISTOCK LAKES	BLVD UNIT 400	
		Address	· · · · · ·
	ORLANDO, FL 32827		
		City/ State and Zip Code	
	LAILAOFARABIA@GMAI	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	n concerning this matter, pleas	se call:	9088535
	of Contact Person	at (· · · · · · · · · · · · · · · · · · ·
Name	of Contact Person	Area Coo	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	S43.75 Filing Fee & Certificate of Status	S43.75 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	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

	to Articles of Incorporation	FILED
. LL CONNECTION CURVICES INC	of	2022 OCT -7 AM 8: 23
ALL CONNECTION SERVICES INC		3500 MI 0. 20
(Name of Corpor P22000051570	ration as currently filed with the Florida I	TALLAHASSEE, FL
(Doc	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporatio	on adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
		Thenew
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the above	nc," or "Co". A professional corporatio	ed" or the abbreviation "Corp.,"
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or regis		name of the
new registered agent and/or the new register		
Name of New Registered Agent LAILAS	SABRY	
	(Florida street address)	
6900 TA	•	.AN 32827
New Registered Office Address:	VISTOCK LAKES BLVD UNIT 400, ORL (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar with and accept the obliga	tions of the position.
	50/~/. ignature of New Registered Agent, if changi	

Check 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)

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	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) X Change	P	LAILA SABRY	6900 TAVISTOCK LAKES BLVD
Add			UNIT 400
Remove			ORLANDO, FL 32827
2) X Change	V	ELISZANGELA DA SILVA RODRI	6900 TAVISTOCK LAKES BLVD
Add			UNIT 400
Remove 3) X Change	T	LUIZ FERNANDO PINHEIRO	ORLANDO, FL 32827 6900 TAVISTOCK LAKES BLVD UNIT 400
Add Remove 4) Change			ORLANDO, FL 32827
Add			
Remove 5) Change Add			
Remove 6) Change			
Add Remove			

Attach additional sheets, if necessary).	(Be specific)
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fan amandmant neavidae far an avek	hange, reclassification, or cancellation of issued shares,
sessicione for involumenting the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Challen I not contained if the amendocate isom
(i) we approximate marking (sort)	

• • • • • • •

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder actic	on and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	s)
	roved by the shareholders through voting groups. The following statemer ach voting group entitled to vote separately on the amendment(s):	'nf
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
selected.	20/32 ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	<u> </u>
• •	AILA SABRY	
- -		
	(Typed or printed name of person signing)	
I	PRESIDENT	
-	(Title of person signing)	