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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOCIEDAD DAC	IN 3006, CORP		
	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	FRANCY RODRIGUEZ			
		Name of Contact Pe	rrson	
	ATC PROFESSIONAL SER	VICES, INC		
		Firm/ Company	·	•
	760 NW 107TH AVE. SUIT	E 402		
		Address		,
	MIAMI, FL 33172			
		City/ State and Zip (Code	
	F.RODRIGUEZ.ATC@HOT	MAIL.COM		
	E-mail address: (to be us	sed for future annual rep	port notification)	
For further information	on concerning this matter, pleas	se call:		. 292
FRANCY RODRIG	JEZ	786	440-1932	2822 SEP
Name	of Contact Person		Code & Daytime Telephone Numbe	r F
Enclosed is a check for	or the following amount made	payable to the Florida I	Department of State:	9 77:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status	112: 31
Am Div P.C	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	An Div Th 24	reet Address hendment Section rision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 lahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

SOCIEDAD DACIN 3006, CORP

(Name of Corporation as currently file	d with the Florida Dept. of State)
P22000059110	
(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	da Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "comp "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro- "chartered," "professional association," or the abbreviation "P.A."	any," or "incorporated" or the abbreviation "Corp.," fessional corporation name must contain the word
B. Enter new principal office address, if applicable:	202
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	28:
-	1
_	
C. Enter new mailing address, if applicable:	Ξ
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>
_	
_	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent	
(Florida street ac	dress)
New Registered Office Address:	, Florida
(City	(Zip Code)
$\iota(CH)$.	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the position.
Signature of New Regist	orad Agent it changing
Signature of stem Region	rearrigem, y enanging

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)

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	<u>79</u>	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	V	DANIEL IVER MOLLO COLQUE	6010 NW 104TH CT
X Add			DORAL, FL 33178
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<mark>ling or adding addi</mark> dditional sheets, if n	ecessary). (Be	specific)				
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fanami	endment provides (for an evehance	roclassification	v or cancellatio	on of icenadicha	make:	
provisio	ons for implementin	ng the amendme	ent if not contain	ned in the ame	ndment itself:	165,	
(if n	ioi applicable, indic	ate N/A)					
							
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•	0/02/2022	
Effective date if applicable:		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder ac	ction and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
, <u> </u>	(voting group)	
09/02/20 Dated	22	
	Larguil	
(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 cointed fiduciary by that fiduciary)	n ourt
	CINTHIA M. TARQUI APOMAYTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	