P23000045083

(R	equestor's Name)	
(A	ddress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:DB CONSULTATO	ONS INC		
DOCUMENT NUM	P23000045083			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	LATANIA M RUISE			
		Name of Contact Person	1	
	RUISE & ASSOCIATES PA			
		Firm/ Company		
	1761 N YOUNG CIRCLE, S	TE 3 #110		
		Address		
	HOLLYWOOD, FL 33020			
		City/ State and Zip Cod	e	
	shitzi35@icloud.com			
	-	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:	393-7750	
Name	e of Contact Person		de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐\$43.75 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)	
Mailing Address		Street	Address	
	nendment Section		Iment Section	
	vision of Corporations	Division of Corporations		
	D. Box 6327 Ilahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DB	CO	IPU	11 '	rΔ7	വ	NS.	INC
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(<u>Name</u>	of Corporation as currentl	y filed with the Florida Dept. of State)	
P23000045083			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
	Corp," "Inc," or "Co". A	company," or "incorporated" or the abbreviation professional corporation name must contain	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
			~~~
C. Vistor now mailing address if anni	iaabla		<u> </u>
C. Enter new mailing address, if appl (Muiling address MAY BE A POST			
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<ol> <li>If amending the registered agent ar new registered agent and/or the new</li> </ol>			· ·
Name of New Registered Agent	DIANA BABALYAN		
	10481 CORKSCREW CO	MMONS DR #101	
	(Florida str	eet address)	•
New Registered Office Address:	ESTERO	, Florida	
		(Zip C	'ode)
New Registered Agent's Signature, if c	hanging Registered Agent:		
hereby accept the appointment as regist	tered agent. I am familiar w	vith and accept the obligations of the position.	
	Signature of New Re	egistered Agent, if changing	

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	SHIRAN S COHEN	10481 CORKSCREW COMMONS
Add			#101
X Remove			ESTERO, FL 33928
2) Change	P	DIANA BABALYAN	10481 CORKSCREW COMMONS
X Add	<del></del>		#101
Remove 3) Change			ESTERO. FL 33928
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
A	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s)	adoption:	, if other than
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 document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as
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 shareh	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<b>,</b> •	
	(voting group)	
08/03/20 Dated	23	
Signature	5 and Salyan	
	director, president or other officer - if directors or officers have	
	eted, by an incorporator – if in the hands of a receiver, trustee, or einted fiduciary by that fiduciary)	other court
	DIANA BABALYAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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