P230000 77673

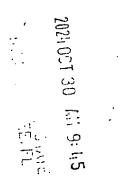
(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DELICIAS CHAL	ATECAS CORP	· · · · · · · · · · · · · · · · · · ·		
	BER: P23000077673				
The enclosed A <i>rticles</i>	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Pedro Galdamez				
		Name of Contact Person	1		
	DELICIAS CHALATECAS CORP				
		Firm/ Company			
	11191 SW 176 ST				
		Address			
	MIAMI, FL 33157				
	City/ State and Zip Code				
	rijai@msn.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Pedro Galdamez 786-474-794:			4:		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check to	r 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)	Certificate of Status		
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			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DELICIAS CHALATECAS CORP

(Name of Corporation as	s currently filed with the Florida Dept. of State)		
P23000077673	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corpor	eration:		
N/A	The new		
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."		
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)		
C. Enter new mailing address, if applicable:	N/A		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			
D. If amending the registered agent and/or registered o	affice address in Flarida, enter the name of the		
new registered agent and/or the new registered offic			
N/A Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	. Florida		
New Registered Office Address.	(City) (Zip Code)		
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: a familiar with and accept the obligations of the position		
The state of the s	Jammar wan und deer printe ontigations of the position.		
Signature	e of New Registered Agent, if changing		
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0	0120 (11) (c), 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	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Perez Lopez, Mayra Mabel	25826 SW 144 AVE	
Add			HOMESTEAD, FL 33032	
X Remove				
2) Change		N/A		
Add				
Remove 3) Change	_	N/A		
Add				
Remove			 	
4) Change		N/A		
Add			 -	
Remove				
5) Change		N/A	<u> </u>	
Add				
Remove				
6) Change		N/A		
Add				
Remove				

(Attach <i>additional sheets, if necessa</i> N/A	ry). (Be specific)			
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				- -
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	exchange, reclassifica	tion, or cancellation	of issued shares,	
. If an amendment provides for an	amendment if not cor	stained in the amend	ment itself.	
. If an amendment provides for an provisions for implementing the (if not applicable, indicate N/A)	amendment if not cor	ntained in the <u>ame</u> nd	ment itself:	
provisions for implementing the (if not applicable, indicate N/A	amendment if not cor	ntained in the <u>amend</u>	ment itself:	
provisions for implementing the (if not applicable, indicate N/A	amendment if not cor	ntained in the amend	ment itself:	
provisions for implementing the (if not applicable, indicate N/A	amendment if not cor	ntained in the amend	ment itself:	
provisions for implementing the (if not applicable, indicate N/A	amendment if not cor	ntained in the amend	ment itself:	
provisions for implementing the (if not applicable, indicate N/A	amendment if not cor	ntained in the amend	ment itself:	
provisions for implementing the (if not applicable, indicate N/A	amendment if not cor	ntained in the amend	ment itself:	
provisions for implementing the (if not applicable, indicate N/A	amendment if not cor	ntained in the amend	ment itself:	
provisions for implementing the (if not applicable, indicate N/A	amendment if not cor	ntained in the amend	ment itself:	
provisions for implementing the	amendment if not cor	ntained in the amend	ment itself:	

	October 23erd, 2024	
The date of each amendment date this document was signed.	(s) adoption:	, if other than the
Effective date if applicable:	October 23erd, 2024	
	(no more than 90 days after ame	ndment file date)
	his block does not meet the applicable statutory fine Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of director	s without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of vote re sufficient for approval.	es east for the amendment(s)
	c approved by the shareholders through voting groud for each voting group entitled to vote separately of	·
"The number of votes	cast for the amendment(s) was/were sufficient for	approval
by		
, ,	(voting group)	
Octob	er 23erd, 2024	
Dated		
Signature	Konstamy.	
(B)	y a director, president or other officer – if directors ected, by an incorporator – if in the hands of a recepointed fiduciary by that fiduciary)	or officers have not been liver, trustee, or other court
	Pedro Galdamez	
	(Typed or printed name of person s	signing)
	President	
	(Title of person signing)	