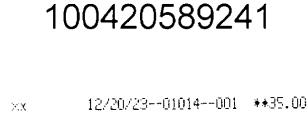
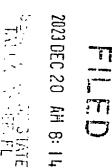
P23000084357

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Allied Solutions Co	onsulting, Inc			
DOCUMENT N	UMBER: P23000084357				
	icles of Amendment and fee are su	bmitted for filing.			
Please return all c	orrespondence concerning this ma	tter to the following:			
	Cesar Arango				
	Name of Contact Person				
	Allied Solutions Consulting, Inc Firm/ Company				
	714 Fairmont Dr				
		Address			
	Brandon, FL 33511				
	-	City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further inforn	nation concerning this matter, pleas	se call:			
Cesar Arango		at (255-1152		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a che	ek for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fe	ee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as currently filed with	2000
<u>, </u>	h the Florida Dept of State AH 8: 14
(Document Number of Corporation	on (if known) The Late of the Same
dursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Press</i> Articles of Incorporation:	ofit Corporation adopts the following amendment(s:
A. If amending name, enter the new name of the corporation:	
Allied Solutions Consultants, Inc	The new
name must be distinguishable and contain the word "corporation," "company," "Inc.," or "Co". A professio "Corp," "Inc.," or "Co". A professio "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> 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 in Flor	rida, enter the name of the
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address: Name of New Registered Agent	. Florida

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>	<u>John Doe</u>	
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			
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	-
	
	
	<u> </u>
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ado late this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :	19.06.2093 (no more than 90 days after amendment	file date)
Note: If the date inserted in this blod document's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without	ut shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for cient for approval.	or the amendment(s)
	eved by the shareholders through voting groups. The ach voting group entitled to vote separately on the a	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approva	ıl
by Allied Sol	utions Worse Heins (voting group)	<i>"</i>
Dated	11-2023	
selected,	Say Arany etor, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, tru I fiduciary by that fiduciary)	ers have not been ustee, or other court
	COS GY Aran GO (Typed or printed name of person signing)	
_	Prisident (Title of person signing)	