P24000001292

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
;					

Office Use Only



900438491829

10/29/24--01012--02. **05.00

SECRETARY OF STATE TALLAHASSEE, FL



COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: The enclosed Articles of Articles	P24000001	bmitted for filing.		
-		tter to the following:		
Please return all correspond	dence concerning this mat	•		
	<u></u>	FRANCISCO KNIGHT		
				
		Name of Contact Person		
		Firm/ Company		
		1435 NW 31 ST STREET		
		Address		7 038
		MIAMI, FL 33142 City/ State and Zip Code		RET
				ARY
	E-mail address: (to be us	ed for future annual report	notification)	ECRETARY OF STAT TALLAHASSEE, FL
For further information con	ocerning this matter, pleas	se call:		TATE
FRANCISC	O KNIGHT	904 at (333-9374	
Name of Contact Person		Area Code & Daytime Telephone Number		-
Enclosed is a check for 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)	
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

DMS RESTORATION SERVICES OF SOUTH FLORIDA, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P24000001292

(Document)	Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following	ng amendment(s) to				
A. If amending name, enter the new name of the corpor	ration:	The new				
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must conta	ion "Corp.,"				
B. Enter new principal office address, if applicable:	1435 NW 31ST STREET					
(Principal office address MUST BE A STREET ADDRES	<u>SS</u>) MIAMI, FL 33142	MIAMI, FL 33142				
C. Estas and modificated and some if applicables		2024 F				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1435 NW 31ST STREET	FR S				
	MIAMI, FL 33142	至 29 [
		PHI2: 5				
D. If amending the registered agent and/or registered of		2: 57 STAT E, FL				
new registered agent and/or the new registered offic	vilson morales-perez	ш				
Name of New Registered Agent	VIESON WORKLES-FEREZ	_				
14	435 NW 31ST STREET	_				
	(Florida street address)					
New Registered Office Address:	, Florida	142 				
	(City) (Zip	Code)				
New Registered Agent's Signature, if changing Register	rad Agent					
I hereby accept the appointment as registered agent. I am						
	_					

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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 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>	Address
1) Change	Þ	WILSON MORALES-PEREZ	1435 NW 31ST STREET
X Add			MIAMI, FL 33142
Remove			
2) Change	S	ADRIALINA ZAPATA	7823 SUNFLOWER DR
Add			MARGATE, FL 33063 TALLS
X Remove 3) Change			29
Add			SSEE
Remove			E, FIN. 5
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) date this document was signed.	adoption:	10/22/01	NY		, if other than the
_					
Effective date <u>if applicable</u> :	(no mo	ore than 90 days aj	ter amendment file da	ite)	
Note: If the date inserted in this document's effective date on the			utory filing requirem	ents, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK O	ONE)			
★ The amendment(s) was/were a action was not required.	dopted by the incorpo	rators, or board of	directors without shar	eholder action and	shareholder
☐ The amendment(s) was/were a by the shareholders was/were			of votes cast for the	amendment(s)	
☐ The amendment(s) was/were a must be separately provided f					
"The number of votes ca	ist for the amendment(s) was/were suffic	ent for approval		
by					
	(voting grou	up)			
selec	difector, president or need, by an incorporato inted fiduciary by that	r – if in the hands (fiduciary)	of a receiver, trustee,	ve not been or other court	FILED 2024 OCT 29 PM 12: 5 SECRETARY OF STAILAHASSEE, FI
	(Typed o	or printed name of	person signing)		m -
		dent			
	(Title of	person signing)			