

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KTORRES SERVICES CORP

Account Number : I20230000111

Phone : (954)380-0755

Fax Number

: (954)858-5117

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

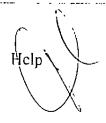
Email Address: Kloves (Oktovespervices Com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **DESEO DREAMS CORP**

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Electronic Filing Menu

Corporate Filing Menu



Tallahassee, FL 32314

## COVER LETTER

TO: Amendment S Division of Co					
NAME OF CORP	ORATION: DESEO DREAM	AS CORP			
DOCUMENT NUI	MBER: P24000006643				
The enclosed Articl	es of Amendment and fee are	submitted for filing.			
	respondence concerning this n	~			
	KAROL TORRES				
	KTORRES SERVICES CO	Name of Contact Pers	on		
		Firnv Company			
	201 SE 15TH TER STE 211	• •		2024	
	DEERFIELD BEACH FL 3	Address 3441		2024 JUL 3U	
		City/ State and Zip Co	de		
	KTORRES@KTORRESSE	RVICES.COM		#.!·1	
	E-mail address: (to be u	sed for future annual repor	t notification)	· · · · · · · · · · · · · · · · · · ·	
For further information	on concerning this matter, plea	se call:		. '	
KAROL TORRES		954 at (	380-0755		
Name	of Contact Person		nde & Daytime Telephone Numb	per	
Enclosed is a check fi	or the following amount made	payable to the Florida Dep	partment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div	iling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	currently filed with the Florids	Dept. of State)	
P24000606643			
(Document N	umber of Corporation (if known	)	<del></del>
Pursuant to the provisions of section 607,1006, Florida Statut ts Articles of Incorporation:	tes, this Florida Profit Corporat	ion adopts the following	ng amendment(s)
. If amending name, enter the new name of the corpora	tion:		
ame must be distinguishable and contain the word "corporat Inc.," or Co.," or the designation "Corp," "Inc," or "c chartered," "professional association," or the abbreviation		nted" or the abbreviati on name must contai	_The new on "Corp.," in the word
Enter new principal office address, if applicable:		•	207
Principal office address MUST BE A STREET ADDRESS			<u> </u>
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			(2) d
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>	<del></del>	<u>⊹</u>
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te	<u> </u>	<del></del>	
	an addition to the control of	name of the	
if amending the registered agent and/or registered office	te andress in Florida, enter the	Hame of the	
new registered agent and/or the new registered office a	ddress:	nume of the	
new registered agent and/or the new registered office as  Name of New Registered Agent	ddress:	THE OF THE	
men registered agent and/or the new registered office a	ddress:	name or the	
Name of New Registered Agent	ddress:	name of the	
Name of New Registered Agent  (Flor	ddress:		
Name of New Registered Agent	ddress:	, Florida	ode)
Name of New Registered Agent (Flor	ddress: rida street address)		ode)
Name of New Registered Agent  (Flow New Registered Office Address:	ddress: rida street address) (City)	, Florida	ode)
Name of New Registered Agent  (Flow New Registered Office Address:  Were Registered Office Address:  We Registered Agent's Signature, if changing Registered of the registered	rida street address)  (City)	, Florida(Zip C	ode)
Name of New Registered Agent  (Flow New Registered Office Address:	rida street address)  (City)	, Florida(Zip C	ode)
Name of New Registered Agent  (Flow New Registered Office Address:  Were Registered Office Address:  We Registered Agent's Signature, if changing Registered of the registered	rida street address)  (City)	, Florida(Zip C	ode)
Name of New Registered Agent  (Flow New Registered Office Address:  Were Registered Office Address:  We Registered Agent's Signature, if changing Registered of the registered	rida street address)  (City)	, Florida(Zip C	ode)
Name of New Registered Agent  New Registered Office Address:  We Registered Office Address:  We Registered Agent's Signature, if changing Registered receby accept the appointment as registered agent. I am fam	rida street address)  (City)  Agent: siliar with and accept the obligat	Florida, Florida(Zip C	ode)
Name of New Registered Agent  New Registered Office Address:  We Registered Office Address:  We Registered Agent's Signature, if changing Registered receby accept the appointment as registered agent. I am fam	rida street address)  (City)	Florida, Florida(Zip C	ode)

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.

X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	2
_X Add	<u>sv</u>	Sally Smith	2024 JUL
Type of Action (Check One)	Title	Name	Address
1) X Change	P	ANDERSON C FRANCO	2611 OLD MIDDLEBURG RD:N
Add			BUILD 100 UNIT 5
Remove			JACKSONVILLE, FL 32210
2) X Change	VP	ALBERTO D LOPES PINTO VAZ	30 SW 1ST ST 2307
Add			MIAMI, FL 33130
Remove 3) X Change	T, S	DANIANY M DE ANDRADE	2611 OLD MIDDLEBURG RD N
Add			BUILD 100 UNIT 5
Remove			JACKSONVILLE, FL 32210
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
f) Change			
Add			
Кетюче			

E. If amending or ac (Attach additional)	sheets, if necessary).	(Be specific)				
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If an amendment po	rovides for an exchi	ange, reclassific	ation, or cancella	ition of issued sha	res,	
higarions for imp	lementing the amen le. indicate N/A)	idment il not co	ntained in the ar	nendment itself:		
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date this document was signed.	doption:	, ii omer man
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bid document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	opted by the incorporators, or board of directors without shareholder action an	d shareholder
The amendment(s) was/were adop by the shareholders was/were suf-	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
musi de separately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s).	2024 JUL
"The number of votes east f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	CO
	(voting group)	3 17
Dated07-	130/2024	
: Signature _		ω
(By a dire selected,	ector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_
_	Anderson C Franco (Typed or printed name of person signing)	
	(13) (13) or or printed haine of person signing)	
<del>-</del>	(Title of person signing)	