

11/7/24, 10:59 AM

Division of Corporations

Florida Department of State
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 : I20230020111
Phone : (954)382-0755
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: Ktorres@Ktorresservices.com

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

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DESEO DREAMS CORP

DOCUMENT NUMBER: P24000006643

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAROLINA TORRES

Name of Contact Person

KTORRES SERVICES CORP

Firm/ Company

201 SE 15TH TER STE 211

Address

DEERFIELD BEACH FL 33441

City/ State and Zip Code

KTORRES@KTORRESSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

KAROL TORRES

at (954) 3800755

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 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

SECRETARY OF STATE
TALLAHASSEE, FL

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Articles of Amendment
to
Articles of Incorporation
of

DESEO DREAMS CORP

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

P24000006643

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

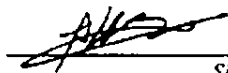
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Alberto D Lopes Pinto Vaz
30 SW 1st St 2307
(Florida street address)

New Registered Office Address: Miami, Florida 33130
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>O</u>	<u>Franco Enterprises Group Corp</u>	<u>2611 Old Middleburg Rd N - 100-5</u> <u>Jacksonville, FL 32210</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Anderson C Franco</u>	<u>2611 Old Middleburg Rd N - 100-5</u> <u>Jacksonville, FL 32210</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T, S</u>	<u>Daniany M De Andrade</u>	<u>2611 Old Middleburg Rd N - 100-5</u> <u>Jacksonville, FL 32210</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP/O</u>	<u>Izabella Andrade Franco</u>	<u>2611 Old Middleburg Rd N - 100-5</u> <u>Jacksonville, FL 32210</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Alberto D Lopes Pinto Vaz</u>	<u>30 SW 1st St 2307</u> <u>Miami FL 33130</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

NA

STATE OF FLORIDA
HALL, HASSE, F.L.

ALLIANCE.

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100

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

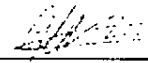
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____,"
(voting group)

Dated 11/05/2024

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Alberto D Lopes Pinto Vaz

(Typed or printed name of person signing)

Vice president

(Title of person signing)

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