5/2/24, 8:55 AM

Division of Corporations

## Elorida Departiment of State Division of Corporations Electronic Filling Gover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000160420 3)))



H240001604203ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DIRECT SOLUTION SERVICES

Account Number : I20230000083

: (239)443-5846

Phone Fax Number

: (800)920-4857

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

Cmail.	Address:			
ZIIIGTT.	Auuress.			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN TOOLS R US DISTRIBUTORS INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

J. HORNE

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

## **COVER LETTER**

PRATION: TOOLS R US DIST	RIBUTORS INC	
P24000028743		
s of Amendment and fee are sub	mitted for filing.	
espondence concerning this matt	er to the following:	
GREISY SUAREZ		
<del></del>	Name of Contact Person	
DIRECT SOLUTION SERVI	CES	
	Firm/ Company	
1248 VISCAYA PKWY		
	Address	
CAPE CORAL FL 33990		
	City/ State and Zip Code	
INFO@DIRECTSOLUTION	SERVICES.COM	
E-mail address: (to be us	ed for future annual report r	notification)
on concerning this matter, pleas	se call:	
	at ( <sup>239</sup>	4435846
of Contact Person		le & Daytime Telephone Number
or the following amount made	payable to the Florida Depa	artment of State:
■\$43.75 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)
nendment Section vision of Corporations D. Box 6327	Ameno Divisio The C 2415	Address  Iment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303
	BER: P24000028743  s of Amendment and fee are subsespondence concerning this matter.  GREISY SUAREZ  DIRECT SOLUTION SERVI  1248 VISCAYA PKWY  CAPE CORAL FL 33990  INFO@DIRECTSOLUTION  E-mail address: (to be used on concerning this matter, pleases of Contact Person  for the following amount made  \$43.75 Filing Fee &	PORATION:  TOOLS R US DISTRIBUTORS INC  DRATION:  TOOLS R US DISTRIBUTORS INC  DIBER:  P24000028743  S of Amendment and fee are submitted for filing.  Espondence concerning this matter to the following:  GREISY SUAREZ  Name of Contact Person  DIRECT SOLUTION SERVICES  Firm/ Company  1248 VISCAYA PKWY  Address  CAPE CORAL FL 33990  City/ State and Zip Code  INFO@DIRECTSOLUTIONSERVICES.COM  E-mail address: (to be used for future annual report reson concerning this matter, please call:  at (239  Area Cocon for the following amount made payable to the Florida Depart of

Check if applicable

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

## Articles of Amendment to Articles of Incorporation ٥ſ

Articles of Amendment	
to	£1.
•	2021.
Q1	MAY
	2024 HAY -2 AM/1: 2
poration as currently filed with the Florida	Dept. of State)
Document Number of Corporation (if known	
Florida Statutes, this Florida Profit Corporat	tion adopts the following amendment(s)
the corporation:	
ord "corporation," "company," or "incorporate "Inc," or "Co". A professional corporate abbreviation "P.A."	The new ated" or the abbreviation "Corp" iion name must contain the word
licable; TADDRESS)	
<del></del> -	<u>.</u>
CE BOX)	
egistered office address in Florida, enter th	e name of the
stered office address:	<del></del>
(Florida street address)	
	. Florida
(City)	(Zip Code)
	, Florida(Zip Code)
ng Repistered Agent:	ations of the position
ng Registered Agent: gent. I am familiar with and accept the oblig	ations of the position.
ng Repistered Agent: gent. I am familiar with and accept the oblig	ations of the position.
ng Repistered Agent: gent. I am familiar with and accept the oblig	ations of the position.
	Articles of Incorporation of  poration as currently filed with the Florida.  Document Number of Corporation (if known Florida Statutes, this Florida Profit Corporation:  The corporation:  "Inc," or "Co". A professional corporation (P.A."  licable: TADDRESS)  CE BOX)  egistered office address in Florida, enter that the tered office address:  (Florida street address)

Example:

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	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) X Change	<u>P</u>	FIGUEROA QUIROS, EDGARDO LUIS	5211 4TH ST W
Add			LEHIGH ACRES, FL 33971
Remove			
2) X Change	VP	VELEZ MELENDEZ, FRANCISCO M	5211 4TH ST W
Add			LEHIGH ACRES, FL 33971
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change	4		
Add			
Remove			
6) Change			
Add			
Remove			

(Altaen a	idumonai 37	neets, if necess	агу). (Бе	specifici				
DGARDO	LUIS FIC	GUEROA QUI	IROS - PRI	ESIDENT -	ACTIONS 5	1%		
RANCISO	CO M VELI	EZ MELENDI	EZ - VICE I	RESIDEN	r - actions	49%		
		<del></del>						
	<u> </u>							
					· ·		<del></del> _	
			<del></del> -	<del></del>				
	<del></del> :		_		·			
	-	<del></del>	<u>,</u>		-			
	<u>-</u>				<del> </del>			<del> </del>
	<u></u>		·					
			-					-
			<u> </u>			<u> </u>	<u> </u>	
16					··			
provisio	ns for imp	royides for an lementing the le, indicate N/.	amendmer	rectassifica at if not con	tained in the	amendment i	tself:	

	02 MAY 2024	·	
The date of each amendment(s) added this document was signed.	loption:		if other than th
Effective date if applicable:	IAY 2024		
	(no more than 90 day	s after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep		statutory filing requirements, this date will	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board	of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff		ber of votes cast for the amendment(s)	
	oved by the shareholders through vach voting group entitled to vote se	voting groups. The following statement eparately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were suff	ficient for approval	
by	(voting group)	·"	
02 MAY 202 Dated	24		
Signature			
selected,	ector, president or other officer - if of by an incorporator - if in the hands of fiduciary by that fiduciary)	directors or officers have not been sof a receiver, trustee, or other court	
E	DGARDO LUIS FIGUEROA QUI	IROS	
_	(Typed or printed name of	person signing)	<del></del>
P	RESIDENT		
	(Title of person signing)		<del></del>