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COVER LETTER

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TO: Amendment Section Division of Corpora				
NAME OF CORPORA	TION: DT	Solutions I	YC.	
DOCUMENT NUMBER: 123400028995				
The enclosed Articles of .	Amendment and fee are su	ibmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
	Leci	tra Fernandez.		
		Name of Contact Person		
	···			
		Firm/ Company		
	IIS AU	cuan Drive		
Scinford Tl. 30771 City/State and Zip Code				
		City/ State and Zip Cod	£	
E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be us	sed for future annual report	notification)	
For further information ed	oncerning this matter, pleas	se call:		
Luis Do	wid Fossi	at (407	745 SSO7 de & Daytime Telephone Number	
Name of C	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State;	
S35 Filing Fee	☐\$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			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee				
Tallahas	see, FL 32314		N. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment

10

Articles of Incorporation

JDF Solutions Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
D2400028996	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation.	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new-name of the corporation:	
- Kawfer Constru	ction Irc. The new
name must be distinguishable and contain the word "corporation," "co" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, or "incorporated or the abbreviation "Corp.,
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	My
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P/A
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	J/A-
(Florida stre	et address)
New Registered Office Address:	City) . Florida
,	(zip coue)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we	ith and accept the obligations of the position.
	NA-
Signature of New Rep	gistered Agent, if changing

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> </u>	Un	<u> </u>
Add			
Remove	i	. 1	
2) Change	14	HA	_ MA
Add			
Remove Change	NA	NA	<u> </u>
Add	l	,	•
Remove	ì	i	
4) Change	HA.	<u> </u>	<u>HA</u>
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5) Change	11/17	WA	<u> </u>
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Remove	į	1	110
б) Change	<u>MA</u>	<u>YA</u>	<u> </u>
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Remove			

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nn amendment provides for an ex	change, reclassification, or c	ancellation of issued shar	<u>'es,</u>
	<u>nendment if not contained ir</u>	i the amendment itself:	
(if not applicable, indicate V(4)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
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rovisions for implementing the an (if not applicable, indicate N/A)			

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The date of each amendment(s) adoption: _date this document was signed.		, if other than the
Effective date if applicable:	US/20/2024	
	ino more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☑ The amendment(s) was/were adopted by th action was not required.	e incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes ca r approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin	he shareholders through voting groups. Ig group entitled to vote separately on the	The following statement we amendment(s);
"The number of votes east for the am	endment(s) was/were sufficient for appr	oval
by		
(Ve	oting group)	
Dated 08 19 202	<u>4</u>	
Signature	Moni	
(By a director, pre	sident or other officer - if directors or of	flicers have not been
selected, by an inc	corporator – if in the hands of a receiver.	trustee, or other court
appointed liduciar	y by that fiduciary)	
	sais David Tossi	
	(Typed or printed name of person signif	ng)
	Desirebut.	
	(Title of person signing)	