P24000039401

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: CONSULTING D	M, CORP		
DOCUMENT NUM	IBER:			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	, MARCOS ANTONIO FERR	EIRA		
		Name of Contact Perso	on	
	CONSULTING DM, CORP			
		Firm/ Company		
	9418 ASCEND FALLS DR,	APT 209		
		Address		
	WINTER GARDEN, FL 347	287		
		City/ State and Zip Coo	de	
	JOSE@PHOENIXFINANCI	ALTAX.COM		
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further informati	on concerning this matter, pleas	se call:		
MARCOS ANTON	IO FERREIRA	at (5308300 ode & Daytime Telephone Number	
Name	of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check t	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)	
	ailing Address nendment Section		Address dment Section	
Division of Corporations		Division of Corporations		
P.C	D. Box 6327	The C	Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

CON	A I C' I	1111	'1 A	1/1	I N A A	CORP
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(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P24000039401	
(Document Number	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	23 11
C. Passana and an allegate distance of constitutions.	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	03
	-
	· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent. 	
	TCOM
Name of New Registered Agent	
(Floride	la street address)
New Registered Office Address:	, Florida
The state of the s	(City) (Zip Code)
lew Registered Agent's Signature, if changing Registered Ag	
hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
V:	Burlist and I thank I deliverage
signature of New	w Registered 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>	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>	<u>Addres</u> s
1) Change	MGR	DAIANNA BARTH DA SILVA	NIS OF THE ARREST STATES AND ARREST AND ARREST AREA AREA AREA AREA AREA AREA AREA ARE
X Add			
Remove			
2) Change		-	
Add			-
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Romavo			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		
		

•

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
J	7/15/2024	
Effective date if applicable:	(<u> </u>
	(no more than 90 days after amendment file date	<i>v)</i>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes east for the ar sufficient for approval.	mendment(s)
	oproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendment	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by		
, =	(voting group)	
09/15/20 Dated	$\frac{24}{n}$	
(By a select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
	MARCOS ANTONIO FERREIRA	
	(Typed or printed name of person signing)	.
	PRESIDENT	
	(Title of person signing)	