P24000054732

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COVER LETTER

TO: Amendment Section Division of Corporations DDL BUSINESS SOLUTIONS CORP NAME OF CORPORATION: P24000054732 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DRIELLE CAROLINE SILVA CANESCHI ALMEIDA Name of Contact Person DDL BUSINESS SOLUTIONS CORP Firm/ Company 3344 ROBERT TRENT JONES DR. 304 Address ORLANDO / FLORIDA / 32835 City/ State and Zip Code WSGARCIA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WELLINGTON DA SILVA GARCIA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DDL BUSINESS SOLUTIONS CORP

(Name of Corporation as curre	ntly filed with the Flori	da Dept. of State)		
P24000054732				
(Document Number	r of Corporation (if know	vn)		
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis <i>Florida Profit Corpor</i>	ration adopts the following	ng amen	dment(s) t
A. <u>If amending name, enter the new name of the corporation:</u> N/A			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 corpor		ion,"Cor	p ord
thursten, projessional association, or the appreviation 1.2	N/A			SET
B. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDRESS</u>)			まる	<u>_</u> i
			<i>i.⊆</i> :	_ <u></u>
		-,	اتا س منطقت	_ <u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		7,72	: 27
		,		<u> </u>
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		the name of the		
Name of New Registered Agent				
	- <u></u>			
(Florida	street address)			
N/A	·········· -			
New Registered Office Address:	(City)	, Florida	Code)	
	(City)	(23)	Code	
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia		bligations of the position		
			_	

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	v	DANILO DE OLIVEIRA ALMEID/	12618 SPLENDID PLACE, 3113
X Add			ORLANDO - FLORIDA
Remove			ZIP CODE 32821
2) Change		_	
Add			2084 SHC
Remove 3) Change			2014 SEPII SECRETA
Add			
Remove			T PR 4:
4) Change			C-1
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Ar (Attach additional sheets, if necessary)	(Be specific)		
N/A			
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F. If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,		
provisions for implementing the an (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:		
N/A			
		·	
	·		
		· -	

	09/12/2024		
The date of each amendment(s date this document was signed.	adoption:		_, if other than the
	9/12/2024		
Effective date <u>if applicable</u> :	(no more than 90 days after um	endment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory f Department of State's records.	filing requirements, this date will a	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directo	ors without shareholder action and s	hareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of vot sufficient for approval.	es cast for the amendment(s)	
	approved by the shareholders through voting gro for each voting group entitled to vote separately		
"The number of votes of	ast for the amendment(s) was/were sufficient for	approval	
by		,,	
· · · · · · · · · · · · · · · · · · ·	(voting group)		
09/12/2)24		
Dated	<u>/</u>		
Signature	AGO		_
	a director, president or other officer - if directors		. ~ ~
	eted, by an incorporator - if in the hands of a rec	eiver, trustee, or other court	021 SE
app	ointed fiduciary by that fiduciary)	A	S
	DRIELLE CAROLINE SILVA CANESCHI	I ALMEIDA	
	(Typed or printed name of person	signing)	, T
	PRESIDENT	/ !!	
	(Title of person signing)		PH 12
		-	27 ATE