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TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPOR	ATION: DAU	JA UFESTY	IE, INC
DOCUMENT NUMB	er: Pol	<i>18</i> 950000	1
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	John NIBA	Berrymal Name of Contact Person	<u>n</u>
•		Firm/ Company	
3609 N 29 Th Avenue			
•	3609 N 29 Th Avenue		
Hollywood, Fl. 33020 City/ State and Zip Code			
For further information	E-mail address: (to be us	red for future annual report	notification)
Yari Gu	izman	at (305	456-6230
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
□ \$35 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)
Ame Divi	ling Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DALIA LIFESTYLE, IN		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
P060003987 (Document Number of Corporation (if k	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> ts Articles of Incorporation:	lorida Profit Corporation adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corporation:		
NIBA collections, IN	TheThe	new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Covord "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must conta	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	n/a	DIVISIO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ETARY OF STATIONS ETAROPORAPIONS NO PROPERTY OF THE OPEN STATEMENTS
D. If amending the registered agent and/or registered office address: Name of New Registered Agent New Registered Agent	ss in Florida, enter the name of the	·
(Florida stree	et address)	
New Registered Office Address: (City)	, Florida n/q (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
Signature of New Registered Ag	gent, if changing	

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: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	n/9		<u> </u>
Add Remove			
2) Change	n/a		n/a
Add Remove	<u>n/a</u>		
Change Add	<u>17 G</u>		
Remove 4) Change	n/a		
Add Remove			
5) Change	<u>n/a</u>		
Remove			
6) Change	nja		n/a
Remove			

	g additional Arti ets, if necessary).	(Be spec	ific)
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t an amendment pro provisions for impl	<u>)vides for an exct</u> ementing the ame	nange, rect endment if	assification, or cancellation of issued shares, not contained in the amendment itself:
	e, indicate N/A)		
(if not applicable			
(if not applicabl		-	
(if not applicabl			1
(if not applicabl			
(if not applicabl		r	\/a
(if not applicabl		r	\/q
(if not applicabl		r	1/9
(if not applicabl		r	\/a

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3.10-2015	
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)	
Sha Barraman	
(Typed or printed name of person signing)	
President	
(Title of person signing)	