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(Business Entity Name)
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TALLAHASSES, FLORDA

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DEC 3 1 2013

C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	DPS INC.
DOCUMENT NUMBER: P070	00129310
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
D'AA	Name of Contact Person
	5 IVC. Firm/ Company
5895	HONSEL AVE
	Address 32809
OALANL	10, 1-10 Ring 32809
	City/ State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
D'ANA	at (407) 952-2238 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of
DEARS IUC.
(Name of Corporation as currently filed with the Florida Dept. of State)
PO7000129310 59 5 10 10 10 10 10 10 10 10 10 10 10 10 10
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent 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 <math>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:	rre, una sany s	mun, 57 us an Auu.	
X Change	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>sv</u> sa	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	φ	Dioselino Russi	DELANSO, FLOIL'SA 32809
Add Remove			DRLANDO, FlorE'SA 32809
2) Change	$\underline{\varphi}$	DIOSELINO RUSSI	DRLANDO, FLORIDA 32809
Add Remove			ORLANDO, FLORIDA 32809
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change	————		
Add Remove			
6) Change			
Add			
Remove			

stach additional sheets, if necessary).	
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an amandment provides for an evel-	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than the
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	
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 10- 12/01/2014	
Signature 1050 ho Lussi	
(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)	_
(Typed or printed name of person signing)	<u> </u>
(Typed or printed name of person signing)	
(Title of person signing)	