P14DDDIDZZZ3

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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SECRITARY OF STATE

Amund 15

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DUKARVE	CORP	
DOCUMENT NUMI	BER: P1400010222	3	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	SONIA BOTERO		
		Name of Contact Persor	<u> </u>
	JP GLOBAL BUS	INESS SOLUTI	ONS INC
		Firm/ Company	,
	7325 NW 36ST		
		Address	
	MIAMI, FL 33166		
		City/ State and Zip Code	2
ma	rco danon@hotm	ail.com	
		ed for future annual report	notification)
		·	
For further information	n concerning this matter, pleas	e call:	
CARLOS E A	ALLEMBERT	at (954	353-4453
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section usion of Corporations Box 6327 uhassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

F 2015 JAN	EILED
TALLAHASSE	EF STATE

DUKARVE CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

mendment(s) to

P14000102223	
(Document Number of Co	oration (if known)
Pursuant to the provisions of section 607,1006, Florida St its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following am
A. If amending name, enter the new name of the corpo	
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abl	The prporation," "company," or "incorporated" or the abbrevic, " or "Co". A professional corporation name must contestiation "P.A."
B. Enter new principal office address, if applicable:	6045 NW 87 AVE SUITE 2
(Principal office address <u>MUST BE A STREET ADDRE</u>	MIAMI, FL 33178
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6045 NW 87 AVE SUITE 2
	MIAMI, FL 33178
O. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	(City) (Zip Code)
	(Elp Cine)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I are	
посел, иссерств, прумитет из гедімегей идет. Т и	атам жан ини иссері те олидиноня ој те position.
Signature of New I	nistered 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 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	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	Р		CARLOS E ALLEMBERT	6045 NW 87 AVE SUITE 2
Add				MIAMI, FL 33178
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
4) Change		<u>.</u>		
∧dd				
				
5) Change				
Add		_		
Remove				1
6) Change				
Add Add			.,,	
Remove				

• • • • • • • • • • • • • • • • • • • •	ticles, enter change(s) here: (Be specific)
	*
	·
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption: 01/21/2015	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> : 01/21/2015	
(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 east 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)	
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 01/21/2015	
Signature Carlos E. Allembert	
(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)	
CARLOS E ALLEMBERT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_