

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ARIAS TOVAR & ASSOCIATES, P.A.

Account Number : 120000000125 Phone : (954)385-2284 Fax Number : (954)385-8864

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN DISDROK CAPITAL INTERNATIONAL, CORP.

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

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(XA3)

04/23/15

4/22/2015

74:EF 2F02/22/40



April 20, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALMA CHACON ARIAS TOVAR & ASSOCIATES 2250 NE 135TH AVE PENEROKE PINES, FL 33028

SUBJECT: DISDROK CAPITAL INTERNATIONAL, CORP.

REF: P15000000954

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We received this document in our office without a fax audit cover letter. Please resend document with the proper fax audit cover letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator FAX Aud. #:

Letter Number: 015A00007865

15 PR 22 PM 2: 47

P.O BOX 6327 - Tallahassee, Florida 32314



April 16, 2015

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ATTN: Articles of Amendment

RE: ARTICLES OF AMENDMENT

#### Dear Sir or Madam:

On 01-05-2015 we filed the Articles of Incorporation of DISDROK CAPITAL INTERNATIONAL, CORP, Document # P15000000954. Now, we are requesting the AMENDMENT.

#### Please find enclosed:

Cover Letter Articles of Amendment

Very truly yours,

The amount of the filing fee for \$35, should be charged to our sunbiz account 120000000125.

We hope the information that we provide is complete and the Department can promptly approve the change approved within the corporation. Thank you for your cooperation.

Hoana Aniso Registered Agent 2250 NW 486th Avenue Pembroke Pinos, FL 33028 Ph: 954 385 2284 Fex: 954,385 8884 moo navoteanacom ►www.erlestoyer.com

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### COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: DISDROK	CAPITAL INTERN	NATIONAL, CORP	
)	D4 F0000000			
DOCUMENT NUM	BER: 1 100000000	·	•	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Picase return all corre	spondence concerning this ma	tter to the following:		
	ALMA CHACON			
		Name of Contact Person	n	
,	<b>ARIAS TOVAR 8</b>	ASSOCIATES		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company		
	2250 NW 136TH	• •		
	······································	Address		
	<b>PEMBROKE PIN</b>	ES. FL 33028		
,		City/ State and Zip Cod	6	
1.4.		•		
<u>IAF</u>	RIAS@ARIASTOV			
•	H-mail address; (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call;		
ALMA CHAC	·	054	7050004	
		at (954	<u>3852284</u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment 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)	
Mailing Address		Street Address		
	ndment Section	Amendment Section		
Division of Corporations P.O. Box 6327		Division of Cor <del>po</del> rations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
	•		ussea. FL 32301	

04/22/2015 13:48 P.005/217

#### Articles of Amendment to Articles of Incorporation of

# DISDROK CAPITAL INTERNATIONAL, CORP

P15000000954  (Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t	•	t(s) to
A. If amending pame, enter the new name of the corneration		
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ALEANASTE	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addition	address in Florida, enter the name of the liress:	Ū
Name of New Registered Agent		
(Florida	ia sireet address)	
New Registered Office Address: (C	Clty) (Zip Code)	
Now Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili Signature of New Register	liar with and accept the obligations of the position.	

Page 1 of 4

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)

Example:

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	PT	John Dos			
X Remove	¥	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	P	Marielvi OCHOA PELLICER	11282 NW 88 TERRACE		
Add			DORAL FL 33178		
Remove					
2) Change	D	Everin SUAREZ	6030 NW 99TH AVE		
Add			SUITE 403		
Remove			DORAL FL 33178		
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		. •			
Add	-				
Remove					

Page 2 of 4

ch <i>additional sh</i> e	ne additional Articlesets, if necessary).	(Be specific)	THE CHAIR!		
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i amendment or	royides for an excha- lementing the amend le, indicate N/A)	nge, reclassifica dment if not cor	tion, or cancella tained in the an	tion of issued sheadment itself;	gres.
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The date of each amendment(	n) adoption: 04/16/2015	if other than the
date this document was signed.		
Effective date if applicable:	04/16/2016	١
Elicciate date il impressione	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the Shareholders. The number of votes cast for the amendment(s) to sufficient for approval.	
	approved by the shareholders through valing groups. The following statement for each voting group cattiled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
<del>,</del> — , — , —	(voting group)	
The amendment(s) was/were section was not required.	adopted by the bound of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	,
Dated 04/16	6/2015	
. Signature	Derice for	
(B) loe	o a director, president or other officer If directors or officers have not been ected, by an incorporator if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
``	MARIELVI OCHOA PELLICER	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	<b>—</b>

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