P17000020444

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: D 12 CAPITAL INC
DOCUMENT NUMBER: P1700002044
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA KAZAK Name of Contact Person
Name of Contact Person
PRO DEVELOPMENT INC
Firm/ Company
PRO DEVELOPMENT INC Firm/Company 5101 N 12 +h AVE St A Address
Address
PENSACOLA FI 32504
PENSACOLA FL 32504 City/ State and Zip Code
PRODEVELOPMENT, RESIDENTIAL @ gmail. coul E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA KAZAK at (950) 530-5979
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\int \frac{1}{2}\$43.75 Filing Fee \tag{2}\$\$\$ Certificate of Status (Additional copy is enclosed) \$35 Filing Fee \$\tag{2}\$
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

D 12 CAPITAL INC (Name of Corporation as currently filed with the Florida Dept. of State)

P 1700	00020444		
(Docu	ment Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the c	orporation:		_
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A p	any," or "incorporated" or rofessional corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable			27 20
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)		20 = =
			当言
		· · ·	
C. Enter new mailing address, if applicable:			~ · · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE Be	<u> </u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		rida, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		cept the obligations of the pos	sition.
Sia	nature of New Registered A	Igent, 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: 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)	Title	Name	<u>Addres</u> s
1) Change	<u>_P</u>	DMYTRO RYTVIN	UKRAINE, KYIV
X Add			
Remove			
2) X Change	<u> </u>	GLIB KAZAK	825 Bayshore DR, Apt 1100
Add			Apt 1100
Remove			Pensacola, FL 32507
3) Change			
Add			
Remove			
4) Change		a.—	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach <i>additional sheets, if ne</i>	ional Articles, enter cha ecessary) (Be specific)			
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	The state of the s			
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				<u> </u>
	 			
n amendment provides f	or an exchange, reclassif	fication or cancells	ition of issued share	S .
visions for implementin	g the amendment if not	contained in the an	nendment itself:	<u>~1</u>
(if not applicable, indica	ite N/A)			
	NA			
	- 10/17			
				
			····	

The date of each amendment(s) adoption:	, if other than the
rate this document was signed.	•
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	A
(no more man > v augs after amenament file aute)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharel action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	,
Dated 4/19/17 Signature	
Signature	
Signature (By a director, president or other officer – if directors or officers have not be	een
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	