626233

| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
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| (Bu | isiness Entity Nar | me) |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2009

EDWARD KAPLAN DICO ENTERPRISES, INC. 10346 N.W. 4TH ST CORAL SPRINGS, FL 33071

SUBJECT: DICO ENTERPRISES, INC.

Ref. Number: 626233

We have received your document for DICO ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 109A00020088

SECRETARY OF STATE TALL'AHASSEE, FLORIDA

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RECEIVED

COVER LETTER

| 1U: Amendment Section | |
|--|--------------------------------------|
| Division of Corporations | |
| NAME OF CORPORATION: DICO Enterprise | 3 INC. |
| DOCUMENT NUMBER: 626233 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following | 3: |
| Edward Kapian Name of Contact Person | |
| Dico Enterprises, Inc. | |
| 10346 N.W. 4Th Str | reet |
| Coral Springs Florida City/State and Zip Code | 33071 |
| E-mail address: (to be used for future annual report not | ification) |
| For further information concerning this matter, please call: | |
| Fdward Kaplaw at (954) - Name of Contact Person Area Code & I | 753-5493 Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Flori | da Department of State: |
| \$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is | Certificate of Status |
| Mailing Address Street Address | |
| Amendment Section Amendment Section | |
| Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building | rations |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Ce | enter Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| | , ,,, |
|--|--|
| | to of Incorporation |
| · . Articles | of Incorporation |
| 0. | of Fire |
| Dico Enterprises, I | INC. Og " "LEI |
| (Name of Corporation as currently filed | 1 11 1 D 1 10 D |
| 626233 | orporation (if known) SECRETARY OF STATE AND SEE OF STATE OF STAT |
| | AFASSY OP |
| (Document Number of Co | orporation (if known) |
| nant to the provisions of section 607,1006, Floridandment(s) to its Articles of Incorporation: | a Statutes, this Florida Profit Corporation adopts the following |
| f amending name, enter the new name of the corp | poration: |
| | |
| | The new |
| must be distinguishable and contain the word | "corporation," "company," or "incorporated" or the |
| | ion "Corp," "Inc," or "Co". A professional corporation |
| must contain the word "chartered," "professional | _ |
| ater new principal office address, if applicable: | (ESS) Coral Springs, Florida |
| ncipal office address MUST BE A STREET ADDR | ESS) |
| | Coral Springs Florida |
| | |
| | 33071 |
| en | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | Coral Springs, Florida |
| maning address MAT DE ATOST OFFICE DOA | |
| | Coral Springs, Florida |
| | 3307 |
| | |
| amending the registered agent and/or registered | |
| <u>ew registered agent and/or the new registered of</u> | fice address; |
| Name of Nov Pagistaged Agests | |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: | (Florida street address) |
| | (|
| | , Florida |
| | (City) (Zip Code) |
| | |
| Registered Agent's Signature, if changing Regist | tered Agent: |
| eby accept the appointment as registered agent. I a | am familiar with and accept the obligations of the position. |
| | |
| <u> </u> | CN Desired And Col |
| 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) <u>Title</u> **Name** Address **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| The date of each amendment(s) adoption: | June 1, 2609 | |
|--|--|--|
| The date of each amendment(s) adoption: _ | (date of adoption is required) | |
| Effective date if applicable: (no more than 90 days after amendment file date) | | |
| Adoption of Amendment(s) (C | HECK ONE) | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | ne shareholders. The number of votes cast for the amendment(s) rapproval. | |
| | the shareholders through voting groups. The following statement 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 action was not required. | ne board of directors without shareholder action and shareholder | |
| The amendment(s) was/were adopted by the action was not required. | ne incorporators without shareholder action and shareholder | |
| Dated June 5 Signature Edward | 2009 dH Kaplar dident or other officer – if directors or officers have not been | |
| | orporator - if in the hands of a receiver, trustee, or other court | |
| Edwar | Typed or printed name of person signing) | |
| | of person signing) | |