G38200

(Reque	stor's Name)		
(Addres	s)		
(Addres	s)		
(City/St	ate/Zip/Phone	e #)	
PICK-UP] WAIT	MAIL	
(Busine	ss Entity Nar	ne)	
(Document Number)			
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COVER LETTER

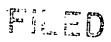
TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Upper Keys Marin	e Construction, Inc	
DOCUMENT NUM	G38200		
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	David L DeBrule		
	 	Name of Contact Person	1
	Upper Keys Marine Construc	ction, Inc	
		Firm/ Company	
	PO Box 371929		
		Address	
	Key Largo, FL 33037		
	14	City/ State and Zip Cod	e
dme	4ukmc@aol.com		
	-	sed for future annual report	notification)
For further informati Dawn DeBrule	on concerning this matter, pleas	305	394-7530
	of Contact Person	at (de & Daytime Telephone Number
	for the following amount made		
□ \$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)
Ar Di P.G	neiling Address nendment Section vision of Corporations). Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of



Upper Keys Marine Construction, Inc	2019 FFR 26 DH 1- FO
(Name of Corporation a	as currently filed with the Florida Depf. of State
G38200	STORE STATE
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpo	oration:
DLD Ventures, Inc	The new
	'corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	56 Bass Ave
(Principal office address MUST BE A STREET ADDRE	Key Largo, FL 33037
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 371929
	Key Largo, FL 33037
 If amending the registered agent and/or registered new registered agent and/or the new registered officered. 	
N/A	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (Zip Code)
	(Infreduct)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obligations of the position.
Thereby decept the appointment as regimered agent. Tan	nyammar min and accept the obligations of the position.
Signatur	re 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, a 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 officeld. 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 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 Chang 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	<u>Name</u>	<u>Addres</u> s
1) NA Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
() Chu			
6) Change			
Add			

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A

The date of each amendment(s) ad	option:	, if other than
date this document was signed.	•	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this doartment of State's records.	ate will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment flicient for approval.	(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	nent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
February 2	2. 2019/	
Dated	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Signature /		
By a d	rector, president or other officer – if directors or officers have not beer	 1
	I, by an incorporator - if in the hands of a receiver, trustee, or other cou	
appoin	ed fiduciary by that fiduciary)	
	David L DeBrule	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	