J67443

(Re	equestor's Name)			
(Ac	ddress)			
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT WAIT	MAIL		
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Anend.

08-14-12

COVER LETTER

TQ: Amendment Section Division of Corporations D.M.M ENTERPRISES, FNC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Douglas M. Mallory
Name of Contact Person D.MM ENTERPRISES, INC. 214 ROPOOK COURT NICEVILLE, FL. 32578

City/ State and Zip Code + wo In 5 Purs & embargmail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Douglas M Mallory at (850) 830 - 2603

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 **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

REINSTATMENT FEE 600.00

ANNUAL REPORT 4 X 15000: 600 00

TOTAL # 1,200 00

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

nt(s) to

J 67443	da Bept. of State		
(Document Number of Corporation (if kn	nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adop	ts the following an	nendmei
A. If amending name, enter the new name of the corporation:			
MALLORY I ENTERPRISES name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A.	". A professional corporatio	The led" or the abbre n name must cont	e new viation ain the
B. Enter new principal office address, if applicable:	214 BROOK	CoureT	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	214 BROOK NICEUILLE,	FL.	
·		32578	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12 A	2484 4114
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name o	of the	IN
Name of New Registered Agent			
(Florida street	address)	Offi G	
New Registered Office Address: (City)	, Florida	(Zip Code)	<i>*</i>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with		, , ,	
Signature of New Registered Age	nt 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			was the Marian Company and the day of the Company o
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
	N/A	
	W -	
···-		
		. 11.17
***************************************		NUMP -
f an amend	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:	
if not	applicable, indicate N/A)	
()		
	<u> </u>	
	,	
		
		
		· ·

The date of each amendment(s) adoption: 8/7/12
olalia
Effective date if applicable: (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 cast 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)
(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
Signature Mage Instrullary
(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)
DOUGLAS M. MALLORY
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)