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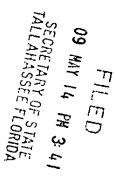
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: (1 00) 5070	Da Fire Minis	tries, Inc.		
DOCUMENT NUMBER: (1) 0800008420				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Joseph G. Color (Name of C	ontact Person)			
Mommars +	Company)			
2351 W. Eau	Gallie Bludy	Soite 1		
Me Doute (City/ State)	FL 32935 and Zip Code)			
E-mail address: (to be used f	of Qarthlinks	net		
For further information concerning this matter, please c	all:			
Joseph Colombo, Esq. (Name of Contact Person)	at (<u>321</u>) <u>757-</u> (Area Code & Daytime	OOO Telephone Number)		
Enclosed is a check for the following amount made pay	able to the Florida Department 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir	,		

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

of

(Name of Corporation as	currently filed with		es, IDC,
N080000	8420		
· (Document	Number of Corporat	ion (if known)	•
Pursuant to the provisions of section 617.1 he following amendment(s) to its Articles		, this <i>Florida Not For</i>	Profit Corporation adopts
A. If amending name, enter the new nar	me of the corporatio	<u>n:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Compan 3. Enter new principal office address, if	<u>ny" or "Co." may no:</u> [applicable:		acorporated" or the
Principal office address <u>MUST BE A ST</u>	REET ADDRESS)		
C. Enter new mailing address, if application (Mailing address MAY BE A POST O			
o. If amending the registered agent and new registered agent and/or the new			nter the name of the
Name of New Registered Agent:			-
New Registered Office Address:	(Flori	da street address)	
			, Florida
		(City)	(Zip Code)
lew Registered Agent's Signature, if cha hereby accept the appointment as regist osition.			ept the obligations of the
	Signature of New	Registered Agent, if cl	hanging A
	Page 1 of 3		400

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	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
	nding or adding additional Ar additional sheets, if necessary).		
Am	endina Arti	cle V - Term	
		shall now rea	d:
·	"Exvistance of	He Corporation Sh	all
		2 upon execultor	
		es of Incorporate	
		ation may exist i	
	• •	, but the Corporat	
	, i	issolved at any t	4
	,	ority vote of the	
	oralions'	directors."	
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:
Effective date if applicable: Do to of Filipo (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated May 7, 2069 Signature
(By the chairman or vice chairman of the board president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person ligning)
President (Title of person signing)