

(R	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Ri	usiness Entity Name	
(5.	usinoss Emily Humo	,
(D	ocument Number)	
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JUN 06 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	DAREP SFL, INC			
DOCUMENT NUMBER:	N17000001252		<u> </u>	
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
thamara pichardo				
	(Name of Contact	Person)	
		(Firm/ Compa	any)	
16511 blatt blvd 102				
		(Address)		
weston Fl 33326				
-	(City/ State and Zi	ip Code)	
thamara69@hotmail.com				
E	-mail address: (to be used	for future annual	report notificat	ion)
For further information conc	erning this matter, please o	eall:		
thamara pichardo			305	244-1584
	(Name of Contact Person)		(Area Code	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florid	a Department o	of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)	Cer y is Cer (Ad	2.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

17 Hay 30 PM 4: 36

DAREP SFL, INC		\$.72
(Name of Corporation as	currently filed with the Flor	ida Dept. of State)
N17000001252		
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
	(FI	orıda street address)
New Registered Office Address:		
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	Pered 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)

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 X Remove X Add	<u>V</u> <u>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>D</u>	JAIRO RODRIGUEZ	
2) Change	<u>D</u>	MICHAEL ORTIZ	
Add X Remove 3) Change X Add	D	RUBEN DARIO CRUZ	
Remove 4) Change	<u>D</u>	FREDDY BAEZ CALDERON	
5) Change Add			
Remove 6) Change Add Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)		
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•	05/20/217	
The date of each amendment(s) ado	ption;	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
meetive date <u>ir apprieusie</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will artment of State's records.	l not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated <u>05</u>	20/2017 mm P. dolo	
Signature	mm P. dolo	
have not been	nan or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	THAMARA Pichardo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	