

(Re	equestor's Name)	<u> </u>
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	<u> </u>
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

ORPORATION		
nitted for filing.		
er to the following:		
(Name of Contact Pers	son)	
(Firm/ Company)		
(Address)		
(City/ State and Zip Co	nde)	
for future annual repo	rt notification	n)
call:		
_	321	830-9204
	Area Code)	(Daytime Telephone Number)
yable to the Florida De	epartment of	State:
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is used)
		ion
	(Name of Contact Personal (Firm/ Company) (Address) (City/ State and Zip Contact Personal Contact Personal Contact Personal Contact Personal Company) (Address)	nitted for filing. In to the following: (Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) for future annual report notification call: at 321 (Area Code) yable to the Florida Department of Calsand Code Certified Copy Certification (Additional copy is certified Code)

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE DINONTAS CORPORATION

(Name of Corporation as currently filed with the Florid	a Dept. of State)		
N1900000989			
(Document Nur	nber of Corporation (if kn	own)	
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For	Profit Corporation adopts the fo	llowing
A. If amending name, enter the new name of the corpor	ration:		
N/A		T	he new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated	" or the abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u> </u>	·	
		**	
C. Enter new mailing address, if applicable:	NIA	•••	20
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
		•	
			~ >> (*
D. If amending the registered agent and/or registered o	ffice address in Florida.		
new registered agent and/or the new registered office		÷	⊃
Name of New Registered Agent:	/A		
	(Flo	rida street address)	
New Registered Office Address:	(1.10)	That street dad (ss)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere			
I hereby accept the appointment as registered agent. I am	familiar with and accept t	he obligations of the position.	
-	Signature of New Registe	red 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	PT V SV	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change Add		NIA			
Remove				<u> </u>	0
2) Change Add		_			<u> </u>
Remove 3) Change Add Remove					
4) Change Add					
Remove					
5) Change Add		-			
Remove 6) Change Add		1			
Remove					
E. If amending or addin (attach additional shee					
Please replace Article III	of the Ar	icles of Incorporation	n to read:		
			charitable, religious, education of an	onal, and scientific purposes	

NA		
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		; if other than the
The date of each amendment(s) adoption date this document was signed.	;	if other than the
_		,.
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, t	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes east for the an	nendment(s)

Dated	13 March 2020
17uted	100
Signati	ire 164 8 - Co
	(By the chairman or vice chairman of the board, president or other officer-if director
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)
	Ronald S. Cimo
	(Typed or printed name of person signing)

(Title of person signing)

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