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Office Use Only



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JDENNIS

COVER LETTER

TO: Amendment Section

Division of Corporations

DARJEN, INC. NAME OF CORPORATION: P00000101534 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHELLE NOTARTOMASO Name of Contact Person DARJEN, INC. Firm/ Company 11940 U.S. HIGHWAY 1 STE 160 Address PALM BEACH GARDENS, FL 33408 City/ State and Zip Code ALLMEDRX@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (______) _____ 557-1645 Area Code & Daytime Telephone Number MICHELLE CHITTENDEN Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DARJEN, INC.

(Name of Corpor	ration as currently	filed with the Florida Dep	i. of State)			
	P00000101	534				
(Do	cument Number of	Corporation (if known)				
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporation 30	lopts the foll	lowing am	endme	nt(s)
A. If amending name, enter the new name of th	e corporation:					
				The	new	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "L" chartered," "professional association," or the ab	nc," or "Co". A					
B. Enter new principal office address, if applica						
(Principal office address <u>MUST BE A STREET A</u>						
						
				_		
C. Enter new mailing address, if applicable:						
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)		u-			
						
D. If amending the registered agent and/or regi	stared office addre	es in Florida antar the ner	ne of the			
new registered agent and/or the new register		ss in 1 iorida, cuter the nar	iic or the			
Name of New Registered Agent						
	(Florida stree	rt address)		 -		n a
New Registered Office Address:			. Florida		21	. 3
new neganerea typee maness.	10	Tity)		(Zip Code)		
					103 (J)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		th and accept the obligation	s of the posi	ion.	. T	
					S: 05	
					:,/1	
Ç	ionature of New Rec	istered Agent, if changing				
.)(Similare of them Res	anci ca rigora, y changing				

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X_Change	<u> 74</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) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary). (Be specific)
AMENDING ARTIC	CLE 3 - CAPITAL STOCK
THE NUMBER OF S	SHARES OF STOCK THAT DARJEN, INC. IS AUTHORIZED TO HAVE
OUTSTANDING AT	"ANY ONE TIME IS 100,000 SHARES.
DARJEN, INC. AUT	THORIZES FOR SALES ONLY 10,000 SHARES
AND WILL HOLD 9	00,000 SHARES AS COMPANY SHARES.
DARJEN, INC MAY	MAKE THOSE SHARES AVAILABLE AS NEEDED
FOR EXPANSION A	AND RAISING OF CAPITAL IF NEEDED IN THE FUTURE.
	provides for an exchange, reclassification, or cancellation of issued shares,
	nplementing the amendment if not contained in the amendment itself: cable, indicate N/A)
.,	

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	·)
Note: If the date inserted in this bedocument's effective date on the Do	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the artifficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
JUNE 17, 2 Dated	2021	
Signature	Mulia Mutices	
selecte	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	
	MICHELLE NOTARTOMASO	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	