# PD2000048458

(Re	questor's Name)	<del></del>
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(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE
DIVISION OF CORPORATION

EFFECTIVE DATE

1 ame cho cus 10, 4.3.15

#### **COVER LETTER**

TO: Amendment Section Division of Corporations ME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Hidden Harbour dauderdale, City/ State and Zip Code limarine @ hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Circle
Tallahassee, FL 32301

### Articles of Amendment

to
Articles of Incorporation

# EFFECTIVE DATE

of		100
dimar of dauderdal	e. Inc.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
7020000480	o 58	
(Document Number of Corporation (if	known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
dimar Group	, Inc.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the co.". A professional corporation name must	abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	n q	_
		_
		- SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla	S H
(muning unitess MAT DE A FOST OF FICE BOX)		第3
		- STA
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
1	^	ω
Name of New Registered Agent	<u>4                                    </u>	
(Florida stree	et address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	
nla		
Signature of New Registered Ag	vent, 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 Do	<u>e</u>						
X Remove	<u>v</u>	Mike Jo	nes						
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	,	\ A				
Type of Action (Check One)	<u>Title</u>		Name	1	( a		Address		
1) Change		_							
Add Remove									
2) Change	<del></del>		<del></del>			<del></del>		<del></del>	<b>.</b>
Add Remove									
3) Change		_							
Add									
Remove									
4) Change		_				<del></del>		<u></u>	<del> </del>
Add Remove									
5) Change									
Add Remove									
6) Change									
Add		_		, <u>.</u>					
Remove									

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	nla
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	····
•	
<u>an amendment provides for an exch</u>	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	(0.1
	MIA

The date of each amendment(s) adoption: 03/01/15 date this document was signed.	, if other than the
Effective date if applicable: 04/01/5	
(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"	
by"  (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 3' - 24 - 18  Signature 111111	
(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)	_
MARK R. BEIGTAMING (Typed or printed name of person signing)	_
PRESIDE, O,	_
( Little of person signing)	