## D0200111229

(Rec	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bus	iness Entity Nan	ne)
(Doc	cyment Number)	
Certified Copies	Certificates	s of Status
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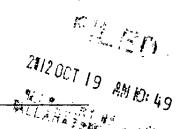
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: D & L	. Resources, Inc.	
DOCUMENT NUMBER: P02000	111229	
The enclosed Articles of Amendment and		
Please return all correspondence concerning	ng this matter to the following:	
Linda Berns	stein	
	Name of Contact Pers	son
D & L Reso	urces, Inc.	
***************************************	Firm/ Company	
8930 State	Rd 84	
	Address	
Davie, Fl 33	3324	
	City/ State and Zip Co	ode
store0390@the	eupsstore.com	
	: (to be used for future annual repo	ort notification)
For further information concerning this ma	atter, please call:	
Linda Bernstein	<sub>at (</sub> 954	273-9100 Code & Daytime Telephone Number
Name of Contact Person	Area (	Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida De	epartment of State:
□ \$35 Filing Fee □\$43.75 Filin Certificate o		S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, Fl. 32314	s Ame s Divis	et Address  ndment Section sion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**



D & L Resources, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

P02000111229		•	10
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this <i>Florida P</i>	Profit Corporation adopts the following	amendm
A. If amending name, enter the new name of the	corporation:		
			The ne
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A	ppany," or "incorporated" or the ab professional corporation name must c	breviatio ontain th
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
•	<del></del>	<del></del>	
	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	DAV.		
(Maning address MAT BE A FOST OFFICE)	<u> </u>		
D. If amending the registered agent and/or regis	stered office address in Fle	orida, enter the name of the	
new registered agent and/or the new register			
Name of New Registered Agent			
	(Florida street addres:	s)	
New Registered Office Address:	·	, Florida	
	(City)	(Zip Code)	
No Posta de Albara			
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		accept the obligations of the position.	
	•	. 0 , ,	

Signature of New Registered 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	PT John	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	Denise Schmitz	27106 Royal Palm Way
Add			Boca Raton, Fl 33432
XX Remove			
2) XX Change	PTSD	Linda Bernstein	14830 SW 20th St
Add			Davie, Fl 33326
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add		·.	
Remove			
6) Change			
Add	<del></del>	•	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Changes should be noted in the following manner. Currently
Denise Schmitz is listed as the P. There is a change Denise Schmitz
leaves the corporation. This should be noted as Linda Bernstein,
PTSD as a change. Denise Schmitz, P as Remove.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A
,
•

The date of each amendment(s) ad	loption: <u>Oct. 16, 2012</u>
Effective date <u>if applicable</u> :	Oct. 16, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated Signature	Serstuse
(By a diselected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Linda Bernstein
	(Typed or printed name of person signing)
	President

(Title of person signing)