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TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: D. G. M. IRANSBOYTE TON, EN
DOCUMENT NUMBER: 1020010 9342
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Markelito Sathurin. Name of Contact Person
Firm/ Company
Address 133/ N.E., 158 State and Zip Code City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: <u>x</u> <u>HARKE 140 Hothurlat (786) 506 - 3290</u> Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □ \$60 Certificate of Status (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Do	ent of State			
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DANO G Transford	Dobin 8	. (
DANO G Transford	of Corporation (if known)	000	Γ	717	70
		سال کا		<i>,</i>	5 9
suant to the provisions of section 607.1006. Florida Statutes, this	Florida Profit Corporation	adopts the f	ollowing am	endme	nt(s)
Articles of Incorporation:					
If amending name, enter the new name of the corporation:					
Tranching hancy circle the new mane as the	D.G.M.		/.	10	4
	1) G-171	1801	<u>~10-0</u> 174	Y โทยใช้	
ne must be distinguishable and contain the word "corporation orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or	on," "company, or "incom "Co" A professional corn	rporated of oration nam	r me anore e must cont	vianion ain the	,
orp., "Inc., or Co., or the designation Corp. Inc. or a "chartered." "professional association." or the abbreviation	"P.A."	Creation man	e main com		
a chartee, projectional thousands					
Enter new principal office address, if applicable:				~	
incipal office address <u>MUST BE A STREET ADDRESS</u>)			1 ° 2 ·	ري ح	
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on a contract of a contract of			SS (5)	ω	[
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			140	Ξ."	LL,
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				\Box	
				<u>~</u>	
If amending the registered agent and/or registered office add	lress in Florida, enter the r	name of the			
new registered agent and/or the new registered office address	<u>38:</u>				
Name of New Revistered Agent					
Name of New Registered Agent					
	tenat addrags				
	treet address)				
	treet address) (City)	Florida_	(Zip Code		

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_Çhange	<u>PT</u>	John De	<u>ne</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	<u> </u>	_	Markelito Mathurin	West Park, FL 3302
_ <u>X</u> _ Add				West Park, FL 3302
Remove				
2) _X Change	1	_	Emmanuel Delva	12145 nW7AVE Marriff 33168
Add				1/4/1/11/19/19/19/0
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			***	
Add				
Remove				
δ) Change				
Add				
Remove				

	ets, if necessary).	(Be specific)			
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f an amendment pro	ovides for an exch	nange, reclassificatio	n, or cancellation of	<u>issued snares.</u>	
<u>provisions for imple</u>	ementing the ame	nange, reclassificatio ndment if not conta	n, or cancellation of ined in the amendme	<u>issued snares.</u> nt itself:	
f an amendment propositions for imple	ementing the ame	nange, reclassification indment if not conta	n, or cancellation of ined in the amendme	nt itself:	
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The date of each amendment(s) adoption: $09-23-30/9$, if other than the date this document was signed.
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
tho more man sir days after amendment file dates
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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" (voting group)
(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 09-23-2019
Signature & Marketh Masher Manager - 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)
(Typed or printed name of person signing)
Procioloni
(Title of person signing)