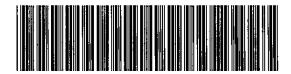
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## **COVER LETTER**

TO: Amendment Section Division of Corpora					
NAME OF CORPORA	Dallan	116537	T INC		
	DOCUMENT NUMBER: O   OOG 174 5 5 7				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all correspondent	ondence concerning this mat	ter to the following:			
_	Lisa	Brown	V		
		Name of Contact Perso	n		
•	·				
	27315	PODLEC A	Roa 6		
	Brooks	Address	34602		
		City/ State and Zip Cod	e .		
	Smalls 600 E-mail address: (to be us	olo @ tamped for future annual report	achay. rr, Com		
For further information of	concerning this matter, pleas	e call:			
_ Lisa	BIOWN	at ( 352	-) 232-2000		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ng Address Iment Section		Address Iment Section		

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## Articles of Amendment Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title	Name Lisa Brown	Address 27315 Papie Rd Bracksville, Fl 34602
2) Change Add Remove	P	Sergio Giaroini Glamini	Dover, Florida 33524
Change Add Remove			
4) Change Add Remove		<del></del>	
5) Change Add Remove	·		
6) Change Add Remove			

	(Be specific)		
			<del></del>
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an amendment provides for an excrovisions for implementing the am  (if not applicable, indicate N/A)	nange, reclassificatio Indment if not contai	1, or cancellation of ned in the amendme	issued shares, nt itself:
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an amendment provides for an exc rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification indment if not contai	n, or cancellation of ned in the amendme	issued shares, nt itself:
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rovisions for implementing the am	nange, reclassification	n, or cancellation of ned in the amendme	issued shares, nt itself:

The date of each amendment(s) adoption:	5-19-2014	, if other than the
date this document was signed.		
Effective date if applicable:	5-19-2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
The amendment(s) was/were approved by must be separately provided for each vote	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval	
by		
(	voting group)	
action was not required.	he board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder	
Dated7/08/	2014	
Signature	en enou	
	resident or other officer – if directors or officers have not been no orporator – if in the hands of a receiver, trustee, or other court	
	ary by that fiduciary)	
	Lisa Brown	
<del></del>	(Typed or printed name of person signing)	
	President	
<del></del>	(Title of person signing)	