P040001400004

(Re	equestor's Name)			
(Ad	idress)			
(Ad	idress)	·		
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name	e)		
(Dc	ocument Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: D L GALINDO E	NTERPRISES INC	
DOCUMENT NU	MBER: P04000140064		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	HECTOR M GALINDO		
		Name of Contact Persor	1
	D L GALINDO ENTERPRIS	SES INC	
		Firm/ Company	· · · · ·
	4610 FOX RIDGE BLVD		
		Address	<u> </u>
	WESLEY CHAPEL, FL 335	43	
		City/ State and Zip Code	e
	suncrest_ine@yahoo.con		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, plea	se call:	
HECTOR M GALINDO		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ε Ρ	Lailing Address Commendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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D L GALINDO ENTERPRISES INC	
(Name of Corporati	n as currently filed with the Florida Dept. of State)
P04000140064	
(Docu	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the c	rporation:
	The new rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET AD</u>	RESS)
	1
C. Enter new mailing address, if applicable:	:0
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>
	27
D. If amending the registered agent and/or registe	ad affice address in Florida, onter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	
<u> </u>	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Rep I hereby accept the appointment as registered agent	stered Agent: am familiar with and accept the obligations of the position.
	an jumin with the the track of the position.
Sign	ture of New Registered Agent, if 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)

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 \underline{Y} Mike Jones X Add \underline{SV} Sally Smith <u>Address</u> Type of Action <u>Title</u> Name (Check One) CEO DANIELA GALINDO 9332 EQUITY LANE 1) X Change SEFNER.FL 33584 ____ Add Remove NURY AZCONA 3410 FOXRIDGE BLVD CEO 2) ____ Change WESLEY CHAPEL,FL 33543 ____ Add Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ___ Add ___ Remove 6) ____ Change ____ Add Remove

(Attach additie	r adding additional A nal sheets, if necessary). (Be specific)			
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provisions fo	ent provides for an er implementing the a plicable, indicate N/A)	mendment if not o	ication, or cancel contained in the a	lation of issued sha mendment itself:	i <u>res.</u>
				···-	
					

09-01-2020	
The date of each amendment(s) adoption:, if	`other than t
date this document was signed.	
09-01-2020	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	be listed as t
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share action was not required.	eholder
☐ 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)	
()9-()1-2()2()	
Dated ~~	
Signature Schu Color	
(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)	
HECTOR M GALINDO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	