P0500155374

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SECRETARY OF SHATE ALL AHASSEE: FLORIDA

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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: DOMINGUEZ G	ROUP HOME INC	
DOCUMENT NUM	BER: P05000155374		
The enclosed Articles	of Amendment and fee are si	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Alejandro Dominguez		
		Name of Contact Perso	n
		Firm/ Company	
	3691 NW 124 Avenue	• •	
		Address	
	Coral Springs Fl. 33065		
		City/ State and Zip Cod	e
alexd	ominguez.dgh@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Alejandro Dominguez	:	954 at ()
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DOMINGUEZ GROUP HOME INC

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
P05000155374			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	3691 NW 124 AVENUE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Coral Springs Fl 33065		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3691 NW 124 Avenue		
	Coral Springs Ft. 33065		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre			
Name of New Registered Agent			
	street address)		
New Registered Office Address:	(City) , Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S/T	_	Martha Dominguez	5811 NW 72 Way
Add				Parkland Fl. 33067
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	<u></u>	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

ttach additional sheets, if necessary).			
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		<u> </u>	
n amendment provides for an exch	ange, reclassification, or ca	ncellation of issued	shares,
ovisions for implementing the ame (if not applicable, indicate N/A)	adment if not contained in t	<u>he amendment itse</u>	<u>lf:</u>
(t) not applicable, indicate N/A)		. 1	1
Alejandro Do	minavez.	(OO].	Shares
1,100	7		
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	06/01/2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
•	6/01/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required. The amendment(s) was/were a	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
5/16/201 Dated		
Dated		
Signature		
	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
appo	inted fiduciary by that fiduciary)	
	ALEJANDRO DOMINGUEZ	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	