P06000 42552

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TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: DUMET MULTI-S	SERVICES	
DOCUMENT NUN	IBER: P06000042552		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	FRITZ RINVILLE		
		Name of Contact Person	1
	DUMET MULTI-SERVICES	S	
	***************************************	Firm/ Company	
	3631 NW 82ND STREET		
		Address	
	SUNRISE FLORIDA 3335	1	
		City/ State and Zip Code	· ·
	fritzrinville@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
for further informati	on concerning this matter, pleas	se call: 954 at (288-4814
Name	of Contact Person		de & Daytime Telephone Number
inclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Die P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810
1 a	Hamascc, 1 L 52514		issee, FL 32303

Articles of Amendment Articles of Incorporation of

DUMET MULTI-SERVICES		$Q_{Q_{ij}}^{\alpha}$
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State) 8: 50
p06000042552		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
name must be distinguishable and contain	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
D. Entar nour reinning office address	if anytimation	3631 NW 82ND AVENUE
B. Enter new principal office address, (Principal office address MUST BE A S		SUNRISE, FLORIDA 33351
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME OF ABOVE
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		<u>ss:</u>
Name of New Registered Agent		
	(Florida s	treet address)
V D : 1000 111	3631 NW 82ND STREE	ET SUNRISE, 33351
<u>New Registered Office Address:</u>		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar	tt: with and accept the obligations of the position, Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed p	oursuant 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	MARIE YVANNE RINVILLE	3631 NW 82ND AVENUE
Add			SUNRISE,FL 33351
Remove			
2) Change	P	FRITZ RINVILLE	3631 NW 82ND AVENUE
Add			SUNRISE, FLORIDA 33351
X Remove	•	500 M L	3631 NW 82ND AVENUE
3) Change	D	RINVILLE, ASHLEY FRITZ	SUNRISE, FLORIDA 33351
Add			
X Remove			
4) Change	S	RINVILLE, REBECCA	3631 NW 82ND AVENUE
Add			SUNRISE, FLORIDA 33351
X Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Romave			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
BE ADVISE THAT MR FRITZ RINVILLE WILL BE REMOVED AS THE PRESIDENT AND MRS MARIE YVANN
FURTHERMORE, MR ASHLEY FRITZ RINVILLE AND MS. REBECCA RINVILLE SHALL BE REMOVED AS DI
EVERY MEMBER HAS CAME WITH AGREEMENT CONCERNING THIS MATTER.
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

06/18/2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
06/18/2020	
Effective date <u>if applicable</u> :	ter amendment file date)
, ,	·
Note: If the date inserted in this block does not meet the applicable statedocument's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	
(voting group)	
06/18/2020	
Dated	
Signature	
(By a director, president or other officer – if di selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
MARIE YVANNE RINVILLE	
(Typed or printed name of	person signing)
PRESIDENT	,
(Title of person signing)	