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TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Dalisali Corp DOCUMENT NUMBER: PO600082065 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stephanie Cabanas
Name of Contact Person Cabacas Law, P.A.
Firm/Company 18503 Pines BIND Suite 301 Penbroke Pines, FL 33029 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanie Cabanas at 954, 447-2580
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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

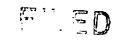
Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Daiisa	ali Cor	ρ.	2019 AUG - I	PH 12: 12
(Name of Corporatio	n as currently l	filed with the Florida Dept.	of State)	
PD	600000	82065		. , !
		Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this FI	orida Profit Corporation ado	pts the following amer	ndment(s) to
A. If amending name, enter the new name of the cor	rporation:			
			The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.,' word "chartered," "professional association," or the a	" "Inc, " or "Ce	o". A professional corporati	ated" or the abbrevi	ation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI				_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	L*3			
(Stuning unitess MAT BE ATOST OFFICE BOX	Σ			_
				
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		s in Florida, enter the name	of the	
Name of New Registered Agent				
	(Florida street	t address)		
New Registered Office Address:			Florida	
	1C	Tity)	(Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: ' am familiar wit	h and accept the obligations	of the position.	
	,	, , ,	•	
Signa	ture of New Rev	gistered Agent, if changing		
6				

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 Doc	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	\bigvee	SANTIAGO GONZA	LEZ 6000 NW 97AVE #14 DORAL, FL 33178
Add			DORAL, FL 33178
Remove			
2) Change	<u>S</u>	SANTIAGO GONZA	LEZ 600 NW 97AVE ++14 DORAL, FL 33178
Add			-DURAL FL 33178
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

	(Be specific)			
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	hange, reclassification	on, or cancellation o	t issued shares,	
f an amendment provides for an exc	andmant if not conto		icht fisch:	
provisions for implementing the am	endment if not conta	med in the amenda		
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not conta	med in the amenda		
provisions for implementing the am	endment if not conta	med in the amenda		
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provisions for implementing the am	endment if not conta	med (i) (ii) ankiidii		
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provisions for implementing the am	endment if not conta			
provisions for implementing the am	endment if not conta			
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f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not conta			
provisions for implementing the am	endment if not conta			
provisions for implementing the am	endment if not conta			

The date of each amendment(s) addate this document was signed.	ption:, if other than t
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as t rtment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):
	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	ed by the incorporators without shareholder action and shareholder
Dated	1/24/19
Signature	
	etor, president or other officer—if directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other court
	I fiduciary by that fiduciary)
	SANTIAGO GONZALEZ
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)