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	(Requestor's Name)				
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UI	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
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COVER LETTER

Division of Corporations NAME OF CORPORATION: DAGO'S BOBCAT SERVICES, INC P06000 110124 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAGOBER to RubiANO-DIAZ
Name of Contact Person Dagols Bobcat Services,

Firm/Company

Or Circle.

Address a Ignaples @ YAhoo. Co H
Email address (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

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

Articles of Amendment

Articles of Incorporation	
DAGO'S BOBCAT SERVICES INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
PO 6000 110 124	
(Document Number of Corporation (if known)	
rursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) as Articles of Incorporation:	to
N. If amending name, enter the new name of the corporation: The new	
ume must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the vord "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)	
1. 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 DAGOBERTO RUBIANO-DIAZ 3418 BRINK CIRCLE (Florida street address) New Registered Office Address: BONITA SPRINGS, Florida 34134	
New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby 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.

Mike Jones, v as kemove,	, ana sai.	iy Smith, SV as an Aaa.	
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)	Title	Name	<u>Addres</u> s
1) Change &	VP	DAMIAN S. RUBIANO	3418 BRINK Cercle
Add Remove		DAMIAN S. RUBIANO	Bonita Springs FZ.
2) Change			Madradon Control Contr
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	*****		
Add			
Remove			
5) Change			 _
Add			
Remove			
6) Change			
Add			Ann.
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	
7-11-10-11-11-11-11-11-11-11-11-11-11-11-	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	12	102,	2015	, if other than th
date this document was signed.	12.1	(~)	1001	
Effective date if applicable:	12	021	2015	
	(no more th	ian 90 day.	s after amendment	tile date)
Note: If the date inserted in this block does document's effective date on the Department of			statutory filing req	uirements, this date will not be listed as th
Adoption of Amendment(s) (C	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. approval.	The num	ber of votes cast for	the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin				
"The number of votes cast for the ame				
by				
(ve	oting group)			
☐ The amendment(s) was/were adopted by the action was not required.	e board of direc	ctors witho	out shareholder acti	on and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators	without sl	nareholder action a	nd shareholder
Dated X 1 2 - > -	2015	, >	-	
Signature	7			
	√ sident or other	officer – i	f directors or office	ers have not been
selected, by an inc	corporator - if	in the hand	ds of a receiver, tru	
appointed fiducian		•		~
	DA gold	erte	Cherson signing	NO DIAZ
	IRea	-SURE	1	
	F)	fitle of per	son signing)	