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## COVER LETTER

Division of Corporations
NAME OF CORPORATION: DON CAND EXIMPORT, THC.  DOCUMENT NUMBER: PO800095747
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PASIMIR NOEL  Name of Contact Person
DON CAND EXIMPORT, INC.
Firm/ Company
1/23 DW 7th ST APT. 5
MIRNI , FL. 33130
MIRNI, FL. 33130 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(ASIMIR NOEC at 786) 308.5252,
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 Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certificate of Status

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

TO: Amendment Section

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

## Articles of Amendment

to
Articles of incorporation

7.4.0	Articles of incorporation of
DON C	AND EXIMPORT, INC.
P0800	ntion as currently filed with the Florida Dept. of State
	ument Number of Corporation (if known)
·	, , ,
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this 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 wa "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	The new ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicab	ske
(Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	nov:
(Maunig adaress MAI BE A FOST OFFICE B	94
D. If amending the registered agent and/or registered new registered agent and/or the new registered	tered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	, Florids
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Sig	mature of New Registered Agent, if changing

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SECTIONS
SECT

P - President; V - Vice Executive Officer; CFO held President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example:	, if necess rector titl Presiden = Chief I r, Direct tin the fo wes the c t, and Sal	sary) le by the first letter of the office title: l; T= Treasurer; S= Secretary; D= Director; TR= Tr Financial Officer. If an officer/director holds more ti or would be PTD. llowing manner. Currently John Doe is listed as the F orporation, Sally Smith is named the V and S. These s lly Smith, SV as an Add	han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
X Change	PT	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	7	ADRIANA NOEL	1153 SW 7th ST
Add			APT. 5
Remove		_	MIAH! , FL. 33130
2) Change	P	CASIMIR NOEL	1153 SW 7th ST
Add			APT.5
X Remove			MIANI, FL. 33130
3 ) Change			
Add	•		
Remove			
4) Change		····	
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			

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:

	Articles, enter change(s)  ny). (Be specific)	•	
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	exchange reclassification	n or cancellation of icen	ed sheres
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	rif
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Deted 3/1/16	
Signature  (By a proctor, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
CARLOS NOEL	
(Typed or printed name of person signing)	<del></del>
<b>₯</b> "	
(Title of person signing)	<del></del>