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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TILEU 2009 SEP -8 AMII: 39

Amend

TB

SEP 1 1 2009

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	DFSM CORPORATION			
DOCUMENT NU	MBER:	P09000058490			
The enclosed Artic	les of Amendment and fee a	re submitted for filing.			
Please return all co	rrespondence concerning thi	s matter to the following:			
	Ti				
	N	ame of Contact Person			
-		Firm/ Company	<del></del>		
	174 WATERCOLOR WAY #335				
Address					
SANTA ROSA BEACH, FL 32459  City/ State and Zip Code					
	TIM@UNITEDAME E-mail address: (to be use	RICANENTERPRISES.NET d for future annual report notification)	····		
For further information	ation concerning this matter,	please call:			
TIM	OTHY K DOYLE	ui (	13-3150		
Name	of Contact Person	Area Code & Daytime Tele	ephone Number		
Enclosed is a check	k for the following amount n	nade payable to the Florida Depart	tment of State:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address  Amendment Section  Division of Corporations		Street Address Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building	Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circl	e		

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

# **DFSM CORPORATION**

### (Name of Corporation as currently filed with the Florida Dept. of State)

	Articles of Amendment	ACCURATE ANILOSE ANILOSE CONTRACTOR SERVICE STATE OF STAT
	to Articles of Incorporation	2000 11
•	of	
		41,0gc & C
	CORPORATION	MAJARY AM
(Name of Corporation as cu	rrently filed with the Florida Dept	L of State
P	09000058490	· ^(°)
(Document N	Number of Corporation (if known)	
ersuant to the provisions of section 607.1 nendment(s) to its Articles of Incorporation		Profit Corporation adopts the following
If amending name, enter the new name	e of the corporation:	
		The new
obreviation "Corp.," "Inc.," or Co.," or me must contain the word "chartered," "  Enter new principal office address, if a principal office address MUST BE A STR	professional association," or the abapplicable:	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
. If amending the registered agent and/onew registered agent and/or the new r	or registered office address in Flor	ida, enter the name of the
(Mailing address MAY BE A POST OF	or registered office address in Flor	ida, enter the name of the
(Mailing address MAY BE A POST OF  If amending the registered agent and/onew registered agent and/or the new recommendation and the new registered agent.)	or registered office address in Flor	<del></del>
(Mailing address MAY BE A POST OF  If amending the registered agent and/ new registered agent and/or the new r	or registered office address in Floregistered office address:  CHASE R QUINBY	#335
(Mailing address MAY BE A POST OF  If amending the registered agent and/onew registered agent and/or the new remains of New Registered Agent:	or registered office address in Floregistered office address:  CHASE R QUINBY  174 WATERCOLOR WAY	#335 s)
(Mailing address MAY BE A POST OF  If amending the registered agent and/onew registered agent and/or the new remains of New Registered Agent:	or registered office address in Florregistered office address:  CHASE R QUINBY  174 WATERCOLOR WAY  (Florida street address)	#335

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)

Title '	<u>Name</u>		Address	Type of Action
MGRM	Alpha Wolf E	interprises, LLC.	174 WATERCOLOR WAY #335 SANTA ROSA BEACH, FL 32459	☑ Add □ Remove
<u>ST</u>	TIMOTHY K DO	OYLE	174 WATERCOLOR WAY #335 SANTA ROSA BEACH, FL 32459	☐ Add ☑ Remove
<u>COO</u>	MICHAEL S DO	ONVITO	174 WATERCOLOR WAY #335 SANTA ROSA BEACH, FL 32459	☐ Add ☑ Remove
	ding or adding additional sheets, if nec			
			-	
			1	
F. Ifana	mendment provides f	or an exchange recla	ssification, or cancellation of iss	ued shares.
provis		the amendment if no	ot contained in the amendment in	
•				

The date of each amendmen	t(s) adoption: SEPTEMBER	1, 2009
Effective date if applicable:	SEPTEMBER 1, 2009	option is required)
· ·	(no more than 90 days after a	mendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. ere sufficient for approval.	The number of votes cast for the amendment(s)
		s through voting groups. The following statemen I to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/	were sufficient for approval
by		,,, ,,,
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of direc	ctors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators	without shareholder action and shareholder
Dated_SEF	PTEMBER 1, 2009	-
sel	y a director, president or other 6	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
	TIMOT	HY K DOYLE
	(Typed or printed	name of person signing)
	SECRETA	RY TREASURER
	(Title of person signi	ng)