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15 NOV 30 AM 9: 06 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: D & G Alterations	Corp	
DOCUMENT NUM	BER: P09000078976		<u> </u>
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Gloria L Yepes de Alarcon	**************************************	The state of
		Name of Contact Person	n e
		Firm/ Company	
	145 SW 8 Street # 1606		
	Miami FL 33130	Address	
		City/ State and Zip Cod	c
gyep	es05@hotmail.com		
·	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Gloria L Yepes de Alarcon		786	873-3015
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

15 NOV 30 AM 9: 06

D & G Alterations Corp

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

P09000078976	or corporation as earrent,	med with the Florida Dept. of State	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	lorida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new na	ame of the corporation:		
		Thenew	
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc," or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the .A."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		145 SW 8 Street # 1606	
		Miami, FL 33130	
C. Enter new mailing address, if applicable:		145 SW 8 Street # 1606	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		
		Miami, FL 33130	
D. If amending the registered agent an		ss in Florida, enter the name of the	
new registered agent and/or the new	w registered office address: Gloria L Yepes de Alarcon		
Name of New Registered Agent	•		
	145 SW 8 Street # 1606 (Florida street)	of address)	
New Registered Office Address:	Miami	33130	
	(0	, Florida	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of the position.	
Gla	nia L. Yens a	uS.	
	Signature of New Re	gistered 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.

Example: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р	•••	Dario Alarcon	145 SW 8 Street # 1606
Add				Miami, FL 33130
x Remove				
2) Change	Р	_	Gloria L Yepes de Alarcon	145 SW 8 Street # 1606
x Add				Miami, FL 33130
Remove				
3) Change				Control of the Contro
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:, if other	than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 will not be list document's effective date on the Department of State's records.	ed as th
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voling 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.	
October 22, 2015 Dated	
Signature Bloise S. Lypes des.	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Gloria L Yepes de Alarcon	
(Typed or printed name of person signing)	
President Gloria & Yenes all.	
(Title of person signing)	