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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Dz Millan Inc		
DOCUMENT NUMI	BER: P10000019796		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ZAILY CARMONA		
		Name of Contact Person	1
		Firm/ Company	
	38 Sandwell Pl		
	 	Address	
	SPRING, TX 77389		
		City/ State and Zip Code	e
	zaily.carmon84@gmail.	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ZAILY CARMON	IA	at (832	, 292-3161
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
☑ \$35 Filing Fee	S43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Dz Millan Inc			Chij
(<u>Name</u>	of Corporation as currentl	y filed with the Florida Dept. of State)	<u>-,</u>
P10000019796			
	(Document Number o	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following am	nendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	The	Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		1282 SW Crost Ave Port St Lucie, FL 34	4953
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		1282 SW Crost Ave Port St Lucie, F	 L 34953
D. If amending the registered agent an new registered agent and/or the ne	w registered office address		<u> </u>
Name of New Registered Agent	ZAILY CARMONA		
	(Florida str	et address)	
New Registered Office Address:	1282 SW Crost Ave	Port St Lucie	
		(City) (Zip Code))
New Registered Agent's Signature, if c Thereby accept the appointment as regist	hanging Registered Agent: vered agent. I am familiar w	ith and accept the obligations of the position.	
	Signature of New Re	gistered Agent, if changing	
Charles and Ma			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	Damian Millan	743 NW 133 AVE
Add			MIAMI FL 33182
X Remove			
2) X Change	P	ZAILY CARMONA	1282 SW Crost Ave
Add			Port St Lucie, FL 34953
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ij necessary). – (be speci	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
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f an amendment provide	es for an exchange, recl	assification, or cancellat	ion of issued shares,	
provisions for implemen	nting the amendment if	assification, or cancellat not contained in the am	ion of issued shares, endment itself:	
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The date of each amendment date this document was signed	(s) adoption: 11/30/2020	, if other than the
Effective date if applicable:	11/30/2020	
encenve date <u>ir applicative</u> .	(no more than 90 days after amendment file date)	.
	his block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amenere sufficient for approval.	dment(s)
	e approved by the shareholders through voting groups. The following d for each voting group entitled to vote separately on the amendment().	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated_ <u>12/0</u> Signature	7/2020 Cab	
(B	y a director, president of other officer – if directors or officers have no lected, by an incorporator – if in the hands of a receiver, trustee, or oth pointed fiduciary by that fiduciary)	
	ZAILY CARMONA	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	