# P10000024848

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	<del> </del>
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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# **COVER LETTER**

TO: Amendment Sect Division of Corp			
NAME OF CORPO	RATION: EL VIOLE	TERO CORP	
DOCUMENT NUM	BER: P1000002486	58	
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	LETICIA MONTO	OYA	
		Name of Contact Person	n
		Firm/ Company	
	11211 W ATLAN		203
	CORAL SPRING	Address	_
	CORAL SPRING	City/ State and Zip Code	
lem	nogi@gmail.com	•	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
LETICIA MO	NTOYA	at (954	701-2693
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 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)

# Mailing Address

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 to Articles of Incorporation of

EL VIOLETERO CORP			
(Name of Corporation a	s currently filed with the F	lorida Dept. of State)	_
P10000024868			
(Docume	nt Number of Corporation (i	f known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, this	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
DANMONT CORPORAT	ΓΙΟΝ		The new
	nation "Corp," "Inc," or "		contain the
B. Enter new principal office address,		4305 N PINE ISLAND RD	<u></u>
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	SUNRISE FL 33351	
			_
			_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
,	<del>-                                    </del>		_
			- to Division
			- HE SEE
D. If amending the registered agent ar			THE 28 AM 9: 01
new registered agent and/or the new	w registered office address:  N/A	<u>:</u>	20 CON CO
Name of New Registered Agent	INA		F 69.5
			9. 5.5
	(Florida stre	eet address)	- 7
New Registered Office Address:	N/A (City)	, Florida, Florida	_
	(City)	(21p Code)	
New Registered Agent's Signature, if c			
i nereoy accept the appointment as regist	terea agent. I am familiar w	with and accept the obligations of the position.	
Siz	gnature of New Registered A	gent if changing	
~~?	-y	0 · · · · · · · · · · · · · · · · · · ·	

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 <math>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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Tìtle</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove				
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove			 	

(attach additional sheets; if necessary).	cles, enter change(s) here: (Be specific)
N/A	
provisions for implementing the amend (if not applicable, indicate N/A)	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
V/A	

The date of each amendment(s) a	odoption: 02/23/2012
Effective date if applicable: 02	2/23/2012
	(no more than 90 days after amendment file date)
	(CHECK ONE)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	" (voting group)
	(voting group)
The amendment(s) was/were ad- action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> 02/23/	2012
Signature J	Letier Montago
(Ву а с	lirector, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	LETICIA MONTOYA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)