## P10000051657

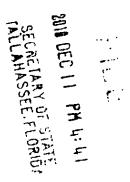
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section

SECRETARISE E. F. ST. **Division of Corporations** NAME OF CORPORATION: Donche inc DOCUMENT NUMBER: P10000051657 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: donald lowe Name of Contact Person donche inc Firm/ Company 13221 nw 12 street Address pembroke pines fl 33028 City/ State and Zip Code jah\_know2@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 ) 817 8230

Area Code & Daytime Telephone Number donald lowe Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

(Document Number of	v filed with the Florida Dept. of State)		
(Document Number of			
	70 m		
	Corporation (if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following am		
. If amending name, enter the new name of the corporation:			
JA	The n		
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Cord "chartered," "professional association," or the abbreviation ".	n," "company," or "incorporated" or the abbreviat Co". A professional corporation name must contain		
Cutan new principal office address if applicables	NA		
. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	NA		
	NA		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA		
	NA		
	NA		
. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:			
Name of New Registered Agent NA			
NA	ant address:		
NA (Florida stre	ret ana tssy		
	, Florida		

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 Doc 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 Doc, 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	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P	cheryl lowe	13221 nw 12 street
Add			pembroke pines
Remove			FL 33028
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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If an amendment provides for an ex	change, reclassific	ation, or cancella	ition of issued s	hares,	
provisions for implementing the an (if not applicable, indicate N/A)	<u>nendment if not eq</u>	ntained in the ar	<u>nendment itself:</u>	•	
(i) not applicame, mateur way					
		<del></del>		_ <del>_</del>	
<del></del>					

The date of each amendment(s) :	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ac by the shareholders was/were s	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 cas	t for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
☐ The amendment(s) was/were accion was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were accaetion was not required.	lopted by the incorporators without shareholder action and shareholder	
DatedSignature	Say A	
(By a select	director, 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 nted fiduciary by that fiduciary)	
	donald lowe	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	