

| (Requestor's Name) |
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| (Nequestor's Name) |
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to raining Officer. |
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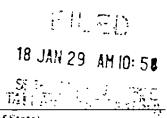


And R. WHITE JAN 3 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOLMEN COMPANY, INC. DOCUMENT NUMBER: P10000087804 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MELONE, MARIO Name of Contact Person DOLMEN COMPANY, INC. Firm/ Company 8821 NW 102ND CT Address DORAL, FL 33178 City/ State and Zip Code melonemario@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mario Melone Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



DOLMEN COMPANY, INC.

| | 2 |
|--|---|
| (Name of Corporation as current) | y filed with the Florida Dept. of State) |
| P10000087804 | |
| (Document Number o | f Corporation (if known) |
| | |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or " word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 8821 NW 102ND CT |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | DORAL, FL 33178 |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered office add | ress in Florida, enter the name of the |
| new registered agent and/or the new registered office address | |
| Name of New Registered Agent MELONE, MARIO | |
| 8821 NW 102ND CT | |
| (Florida sn | reet address) |
| New_Registered Office Address: | . Florida 33178 |
| Sen regenered vyfice flamess. | (Cny) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar s | |
| | |
| Signorure of New F | Registered Agent, if changing |
| | I . |

| address of each Officer: Attach additional sheets, Please note the officer dir P = President; V = Vice 1 Executive Officer; CFO 5 held, President, Treasurer Changes should be noted | and/or D if necess vector title resident Chief I v. Directo in the for | irector being added: ary) r by the first letter of T - Treasurer: S = 1 inancial Officer. If or would be PTD, lowing manner. Cur orporation, Sally Smi | : The office title: Secretary: D≈ Director an officer director hold wently John Doc is liste (th is named the V and) | tor; TR = Trustee: C = Chairman or Clerk: CEO = Ch olds more than one title, list the first letter of each off stel as the PST and Mike Jones is listed as the V. There d S. These should be noted as John Doe, PT as a Chan | ilef lice e is |
|--|--|--|--|---|----------------------|
| X Change | <u>PT</u> | <u>John Doc</u> | | | |
| X Remove | <u>V</u> | Mike Jones | | | |
| X Add | <u>8V</u> | Sally Smith | | | |
| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s | |
| 1) Change | VP | CERRAC | CHIO, ANGELO | 11030 NW 43RD TERR. | |
| Add R Remove | | | | DORAL, FL 33178 | |
| 2) Change Add | | | | | |
| Remove 3 Change Add | | | | | |
| Remove 4) Change Add | | | | | |
| Remove 5) Change Add | | | | | |
| Remove 6) Change Add | | | | | |
| Add Remove | | | | | |

| E. If amending or adding additional Articles, enter change(s) here: | |
|--|---------------------------------------|
| (Attach additional sheets, if necessary)— (Be specific) | |
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| F. If an amendment provides for an exchange, reclassification, or cancell | ation of issued shares, |
| provisions for implementing the amendment if not contained in the art (if not applicable, indicate NA) | nendment itself: |
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| The date of each amendment(s) adop | otion: | , if other than the |
|--|--|---|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days afte | er åmondment file date) |
| Note: If the date inserted in this bloc document's effective date on the Depa | | tory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were adopte by the shareholders was/were suffi- | | of votes east for the amendment(s) |
| ☐ The amendment(s) was/were appromust be separately provided for ea | ved by the shareholders through votin ch voting group entitled to vote separ | |
| "The number of votes cast for | the amendment(s) was/were sufficier | nt for approval |
| by | | <u>,</u> , |
| | (voting group) | |
| ☐ The amendment(s) was/were adopt action was not required. | ed by the board of directors without sl | hareholder action and shareholder |
| ☐ The amendment(s) was/were adopt action was not required. | ed by the incorporators without sharel | nolder action and shareholder |
| 01/24/2018 Dated | | |
| Dated | 777/ | |
| Signature | ctor, president or other officer – if dir | 70 b |
| selected. | etor, prosident or other officer – If dir by an incorporator – if in the hands of I fiduciary by that fiduciary) | |
| M | ELONE, MARIO | |
| _ | (Typed or printed name of p | erson signing) |
| PI | RESIDENT | |
| - | (Title of person: | signing) |