P10000 93168

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DEC 1.9 2013

COVER LETTER

TO: Amendment Section Division of Corporations

	ration: D & D INVE		RPRISE INC	
DOCUMENT NUM	_{BER:} P1000009316	8		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	HELEN MARTIN			
	D & D INVESME	Name of Contact Person		
		Firm/ Company		
	P.O. BOX 1012			
	ALVA, FL 33920	Address		
ب د		City/ State and Zip Cod	e	
7	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
HELEN MAF	RTIN	at (239	888-1112	
Name	of Contact Person	Area Co	de & Daytime Telephone Nûmber	
Enclosed is a check for	or the following amount made	payable to the Florida Depo	artment 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)	
	iling Address	****	Address	
Amendment Section Division of Corporations		Amendment Section 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

(Name of Corporation as currently file	ed with the Florida Dept. of State)	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida 5 at Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	amendment(s)
a. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co" or the designation "Corp," word "chartered." "professional association." or the a	"corporation," "company," or "incorporated" or the about the incorporation name must consider the control of th	The new breviation ontain the
3. Enter new principal office address, if applicable:	1001 SW VERSAILLES	
Principal office address <u>MUST BE A STREET ADDR</u>	AVENUE	
	PORT ST LUCIE,FL34953	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	1001 SW VERSAILLES	
	AVENUE	
	PORT ST LUCIE,FL34953	
If amending the registered agent and/or registere new registered agent and/or the new registered o		
	RTO PEREZ DIEGUEZ	
•	(Florida street address)	ر بي بير
New Registered Office Address:	SAILLES AVE PORT ST LUCIE FL., Florida 34953 (City) (Zip Code)	3 DE
	(City) (Zip Code)	C 13
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent—I	stered Agent: am familiar with and accept the obligations of the position.	PROFINATION OF THE PROFILE OF THE PR
Signature of Ver	v Registered Agent, if changing	- n

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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	HELEN MARTIN	4194 E 30TH ST
Add			ALVA, FL 33920
Remove			
2) Change	P	HUMBERTO PEREZ DIEGL	1001 SW VERSAILLES
Add			AVENUE
Remove			PORT ST LUCIE,FL 34953
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pumara			

ttach additional sheets, if necessary), (3e specific)		
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		= 6/-#	
	<u> </u>		
			<u> </u>
			
f an amendment provides for an exchan	ge, reclassification, o	or cancellation of i	ssued shares.
provisions for implementing the amend (if not applicable, indicate N/A)	nent if not contained	i in th <u>e amendmen</u>	t itse <u>ii:</u>
(ij not appacaoie, macaie wa)			

The date of each amendment	t(s) adoption: 12/01/2013	_, if other than the
date this document was signed		
Effective date if applicable:	12/01/2013	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/weiby the shareholders was/wei	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_12/0	01/2012	
Signature		_
.se \(1:	By Later fr. president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	HUMBERTO PEREZ DIEGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_