## P110000016366

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DAYARIE	L EMPLOYMENT CORP.
DOCUMENT NUMBER: P110000763	66
The enclosed Articles of Amendment and fee are s	
Please return all correspondence concerning this m	natter to the following:
ARIEL RODRIG	UEZ
	Name of Contact Person
DAYARIEL EMP	PLOYMENT CORP.
<del></del>	Firm/ Company
2903 NE 163rd	STREET,APTO. #1003
	Address
MIAMI, FL 3316	0
	City/ State and Zip Code
dayarielemploymen	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
ARIEL RODRIGUEZ	at (786) 514-6541
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

DIVISION	ARY OF STATE
12 MAY - 2	FCORPORATIONS AM 8: 53
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## DAYARIEL EMPLOYMENT CORP.

(L	name of Col	rporation a	is currently fil	<u>ea with the</u>	riorida D	ept. of State
07	76366					

P11000076366				
(Documen	nt Number of Corporation	(if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendn		
A. If amending name, enter the new na DAYARIEL CORP.	ame of the corporation:	The ne		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		2903 NE 163rd STREET		
		APT. # 1003		
		MIAMI, FL 33160		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2903 NE 163rd STREET		
		APT. # 1003		
		MIAMI, FL 33160		
D. If amending the registered agent an new registered agent and/or the new	w registered office addre	ss:		
Name of New Registered Agent	ARIEL RODRIG	GUEZ Sr.		
		STREET, APT.#1003		
New Registered Office Address:	(Florida s	street address) , Florida 33160		
New Magnillation Office Hand Con	(Cit	y) (Zip Code)		
	tered agent. I am familiai	r with and accept the obligations of the position.		
Si	gnature of New Registered	d Agent, if changing		

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	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>m</u>	like Jones	
X Add	<u>SV</u> <u>S</u> a	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PDTE	ARIEL RODRIGUEZ	2903 NE 163rd STREET, APTO. #1003 MIAMI, FL 33160
2) Change Add Remove		·	
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	(Be specific)	<u>) here</u> :		
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	sanga rackassificatio	n, or cancellation o	ficeward charge	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contai	ned in the amendm	ent itself:	
provisions for implementing the ame	ndment if not conta	ined in the amendm	ent itself:	
provisions for implementing the ame	ndment if not conta	ined in the amendm	ent itself:	
provisions for implementing the ame	ndment if not conta	ined in the amendm	ent itself:	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ined in the amendm	ent itself:	
provisions for implementing the ame	ndment if not conta	ined in the amendm	ent itself:	

The date of each amendment	(s) adoption: APRIL 20/2012		
Effective date if applicable:	APRIL 20/2012		
(no more than 90 days after amendment file date)			
A. J	(CIVECIA ONE)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.		
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):		
"The number of votes	cast for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder		
Dated APF	RIL 20/2012		
Signature A	RIEL RODRIGUEZ		
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
	ARIEL RODRIGUEZ		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		