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(((H12000018891 3)))



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Division of Corporations

Fax Number : (850)617-6380

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone : (212)431-5000 Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN DEAN DAVID INC

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1/23/2012

BLUMBERGEXCELSIOR



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AOTA O MAGILIANI

January 24, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEAN DAVID: INC 3301 NE 183RD UNIT 605 AVENTURE, FL 33160

SUBJECT: DEAN DAVID INC

RÉF: P11000082368

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II FAX Aud. #: H12000018891 Letter Number: 012A00001611

TO JAN 24 PH 8: 10

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment Articles of Incorporation of

		D4 . 6 C4-4-5		
211000082368	ently filed with the Florida	Hept. of State)		
	nber of Corporation (if know	m)		
,	•			
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this Florida	a Profit Corporation adop	ots the following ar	nendment(s) to
. If amending name, enter the new name o	f the corporation:			
	·		Th	e new
ame must be distinguishable and contain to Corp., ""Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co". ' or the abbreviation "P,A."	A professional corporation	nea or the abor on name must con	tain the
. Enter new principal office address, if app Principal office address MUST BE A STREI	olicable: ETADDRESS)			
· ·			,	
	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	(CE BOX)			
·				
		Florida, enter the name	of the	
. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name	of the	·
		Florida, enter the name	of the	12 SE FAL
new registered agent and/or the new reg		Florida, enter the name	of the	12 JAI SEURI TALLA
new registered agent and/or the new reg			of the	12 JAN 2
new registered agent and/or the new reg	istered office address:	iress)	of the	12 JAN 24 SEURETANY TALLANASSE
new registered agent and/or the new reg	istered office address:		of the	12 JAN 24 PH SEURETAINY OF TALLAHASSEE,
Name of New Registered Agent	istered office address: (Florida street add	iress)		12 JAN 24 PH 2: SEURETARY OF ST
new registered agent and/or the new reg Name of New Registered Agent New Registered Office Address:	istered office address: (Florida street add (City)	iress)		12 JAN 24 PH 2: 20 SEURETARY OF STAT
new registered agent and/or the new reg	istered office address: (Florida street add (City) Ing Registered Agent:	iress), Florida	(Zip Code)	Es 2:

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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 afficer/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; XChange	<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>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>D</u>	Gal Noyman	3301 NE 183rd Unit# 606 Aventure FL 33160
2) Change Add Remove	D	Dean Noyman	3301 NE 183rd Unit# 605 Aventure FL 33160
3) Change Add Remove	· · · · · · · · · · · · · · · · · · ·		
4) Change Add Remove		· ·	
5) Change Add Remove		_	
6) Change Add Remove	***		

Page 2 of 4

an amendment provides for an exchange a	reclassification, or cancellation of issued shares,
rovisions for implementing the amendment	t if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	· · · · · · · · · · · · · · · · · · ·

Page 3 of 4

The date of each amendment(s) adoption: 01/20/2012				
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.			
☐ The amendment(s) was/were ap must be separately provided for	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	for the amendment(s) was/were sufficient for approval			
. by	(voting group)			
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder			
Dated 01/20	0/2012			
Signature	ما م			
select	director, president or other officer — if directors or officers have not been ted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)			
	Dean Noyman			
	(Typed or printed name of person signing)			
•	Director			
: ·	(Title of person signing)			

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