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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	DEL'S ALTERATIONS I	NC
DOCUMENT NUMI	BER:	P12000028890	
	of Amendment and fee a		
		nis matter to the following:	
	· · _ · _ · _ · _ · _ · _ · _ · _ ·	Carlos Miquel	
	1	Name of Contact Person	
	MIQUEL AC	CCOUNTING SERVICE, INC.	
•		Firm/ Company	
<u> </u>	5100 SO	OUTH DIXIE HWY STE. 10	
		Address	
		PALM BEACH, FL. 33405	
	C	City/ State and Zip Code	
	carlos@m E-mail address: (to be use	iquelaccounting.com d for future annual report notification)	
For further information	1 concerning this matter,	, please call:	
Carlos Miquel Name of C	ontact Person	at (561) S88-8 Area Code & Daytime Tel	1878 ephone Number
Enclosed is a check for	r the following amount n	nade payable to the Florida Depart	ment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	e

Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

DEL'S ALT	ERATIONS INC		
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)	
P120	00028890		
	per of Corporation (if know	/n)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corporation ad	opts the following
A. If amending name, enter the new name of t	he corporation:		
	•		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "professions"	lesignation "Corp," "Inc,	" or "Co". A professional	ted" or the
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reg		Florida, enter the name of	DIVISION OF CORPORT
new registered agent and/or the new registe	ered office address:		- 9: 1:5
Name of New Registered Agent:			10
<u>New Registered Office Address:</u>	(Florida street aa	idress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	ent. I am familiar with an		ne position.
Sign	nature of New Registered .	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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Maria R Torres	330 SW 12th Ave Boynton Beach, FL. 33435	
			— -
	ding or adding additional Articles. dditional sheets, if necessary). (Bo		
provisio		ge, reclassification, or cancellation of ent if not contained in the amendmen	
			

The date of each amendmen	it(s) adoption: April 25, 2012
Effective date <u>if applicable</u> :	April 25, 2012 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen led 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)
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Signature <u>/</u> (Br 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
арј	pointed fiduciary by that fiduciary)
	Teres Torres
	(Typed or printed name of person signing)
	President
	(Title of person signing)