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Amend + Naw Charge

APR 1 8 2014' T. CARTER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

λ/;«	'S CAR COMPANT
NAME OF CORPORATION: H/136	1'S CAB COMPANT 12000044308
DOCUMENT NUMBER:	-12000049308
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
JEEE'	T Mostouitz
	Name of Contact Person
<u> </u>	SA'S CAB COMPANY
	Firm/ Company
22	SY NW 36 STREET
M;	Firm/Company 8 4 N W 36 <sup>th</sup> SteEET  Address  Am: 6/ 33142  City/ State and Zip Code
	City/ State and Zip Code
DACOUT	cities G GMAil. Com
	for future annual report notification)
·	•
For further information concerning this matter, please of	all:
T. 2 4 6 1	0-1 121-0
JERRY MOSLOW. TZ	- at (954) 6143172
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
□ \$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

	of	
	Alisa's CAB COMPANT, INC.	
	(Name of Corporation as currently filed with the Florida Dept. of State)	
Pizo 000 44308		
	(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:  DEAGON TEXTS	Kit Company The new				
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association." or the abbreviation "P.A."					
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	2284 N.W.36" SteEE+ Mirmi F1 33142				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:					
Name of New Registered Agent  (Florida s	SECRETARY SECRET				
New Registered Office Address: (City					
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian					
Signature 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)

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:	DT Libra Dan	
X_Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	V Jillian Moskowitz	2284 NW 36th Stess1 Mixm: F/A 33142
Add		Mixm: F/A 33142
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Chara		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	* / / *
	NIA
<del></del>	
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<i>f</i>
	NIA
	/ L / · · /

The date of each amendment(s) adoption:date this document was signed.	_, if other than the
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/10/14	
Signature  (By a director, president or other officer – if directors or officers have not been	-
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JERRY Mostowite	<u> </u>
(Typed or printed name of person signing)	
PRESIDENT.	_
(Title of person signing)	