P)20000 68996

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	M SOWHOUS INC
DOCUMENT NUMBER: P12000	088996 088996
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
A	PAY WEV Name of Contact Person
	Name of Contact Person
	Firm/ Company
9059 N SO	Address WTATUON, FC, 33322 City/ State and Zip Code
	Address
PLA	NTATUON, FC, 33322
	City/ State and Zip Code
E-mail address: (to	be used for future annual report notification) please call:
AIRAM WAEZ	at (<u>954</u>) <u>86 47,590</u> Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Sta	
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 to Articles of Incorporation

of

DINASTY SOLUT	70ND, INC.		
	on as currently filed with the	he Florida Dept. of State)	
	0088996	(10)	
(Docun	nent Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Floridats Articles of Incorporation:	a Statutes, this <i>Florida Profi</i>	t Corporation adopts the foll	owing amendment(s
A. If amending name, enter the new name of the co	orporation:		
	 _		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	," "Inc," or "Co". A profe abbreviation "P.A."		
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD			
Frincipal office address MOST BE A STREET ADD	7 <u>KESS</u>)		. 2 5
			
		<u></u>	
C. Enter new mailing address, if applicable:			3: [7]
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>
			1148.
			·
). If amending the registered agent and/or register new registered agent and/or the new registered		a, enter the name of the	
Name of New Registered Agent			
			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	istered Agent: Lam familiar with and accen	ot the obligations of the posit	ion
2	· ····· y················ /······· with steet up	Tim ovinganous ig six postu	
Sign	ature of New Registered Age	nt. if changing	. —

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie, 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	Name	Address
1) Change	NP	CAPLOS PEREZ	9059 N SUNFIXE BLVD
_X_Add			9059 N SUNFIXE BLVD PLANTATION, FC
Remove			33322
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 -		
Add			
Remove			

If amending or adding additional, (Attach additional sheets, if necessar	y). (Be specifi	(c)			
					
				-	
					
				· · · · · · · · · · · · · · · · · · ·	
			_ _		
			п		
			<u>.</u>		
	<u> </u>			- -	<u> </u>
					
If an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A)	mendment if no	sification, or can ot contained in th	cellation of issued to amendment its	<u>d shares,</u> elf:	
			-		
		<u> </u>			
					

	, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
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	
 □ 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. 	
Signature (By adirector, 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)	
AVEAR WHZ	
(Typed or printed name of person signing)	
PREDICE TI	
(Title of person signing)	