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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: DMARCK GROUP, INC. DOCUMENT NUMBER: P130000 84284
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEXROY DONALDSON Name of Contact Person Dynack Group, Inc Firm/ Company 1035. South Stake Rd 7, Suite 315-13 Address Wellington II 33414 City/ State and Zip Code dwarkgroup3 @gnail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEXROY DONALDSON at (954) 263-6030 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\square\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

of

DMARCK (Stoul Inc
(Name of Corp	poration as currently filed with the Florida Dept. of State)
P13	
([Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t
A. If amending name, enter the new name of	the corporation:
	The new
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)
D. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in Florida, enter the name of the tered office address:
	teres office manieur
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) — (Zip Code)
New Registered Agent's Signature, if changin	a Registered Agent:
	gent. I am familiar with and accept the obligations of the position.
.	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: X Change	PT	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>	<u>Addres</u> s
1) Change	P	ANDREW E. BROWN	
X Add			Sink 315-13
Remove			Wellinghow, FL 33414
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	***************************************		
Add			
Remove			
6) Change			
Add			
Remove			

	dditional sheets, if necessary). (1	es, enter change(s) here: Be specific)
	•	
f an am	endment provides for an exchan	ge, reclassification, or cancellation of issued shares,
<u>provisic</u>	ons for implementing the amend	ment if not contained in the amendment itself:
$\bigcirc^{(if)}$	not applicable, indicate N/A)	0. 0/ 24.
P	Applica i.	BROWN 80 10 StHozes
$\dot{\circ}$	7 7 1125	BROWN 80 % SHARES DUNADSON 20% SHARES
t	DETRO 1 E	DONALDON SON SUMME
	,	,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after a	
(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of very by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gr must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient fo	r approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	er action and shareholder
Dated	
Signature (By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
DEXROY DON	IALDS DN
(Typed or printed name of perso	
V-P.	
(Title of person sign	ing)