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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DHCPA INC	
DOCUMENT NUMBER: P13000096262	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
DAVID HERNANDEZ, CPA	A
	Name of Contact Person
DHCPA INC	
<del></del>	Firm/ Company
8725 NW 18TH TERRACE	SUITE 302
	Address
DORAL, FL 33172	
	City/ State and Zip Code
BURBY AND TO BURBANIA OF	214
DHERNANDEZ@DHCPAINC.CO	
r-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, please	se call:
DAVID HERNANDEZ. CPA	at ( 305 707-8007
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:
S35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)  Street Address Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DHCPA INC

( <u>Name o</u>	of Corporation as curren	tly filed with the Florida Dept. of State)			
P13000096262					
· · · · · · · · · · · · · · · · · · ·	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the fo	ollowing	amendr	nent(s) t
A. If amending name, enter the new na	ime of the corporation:				
				The ne	PW
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion." "company," or "incorporated" or "Co". A professional corporation name "P.A."	the ab	breviati ontain t	on he
B. Enter new principal office address,	if annlicable:	8725 NW 18TH TERRACE			
Principal office address MUST BE A S	TREET ADDRESS )	SUITE 302			-
		DORAL, FL 33172	. <u> </u>		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  8725 1		8725 NW 18TH TERRACE		·	_
· · · · · · · · · · · · · · · · · · ·		SUITE 302	*		
		DORAL, FL 33172	2.	17	_
			<u></u>	Č,	- - !
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:			F.		; :
Name of New Registered Agent			:	2	
thank of them register on right	8725 NW 18TH TERRA	ACE SUITE 302	,-	4	, ,
New Registered Office Address:	(Florida .	street address)	3 +	 00	
	DORAL	. Florida	3172		
Now Registered Office Address	(City)		(Zip Code)		_

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)	Title	Name	<u>Addres</u> s
1) X Change	PD	DAVID HERNANDEZ	8725 NW 18TH TERRACE
Add			SUITE 302
Remove			DORAL, FL 33172
2) Change	<del></del>		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change		_	
Add			
Remove			

[amending or adding additional Arth Attach additional sheets, if necessary).	(Be specific)
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)	

	07/10/17	
	adoption:	, if other than the
date this document was signed.	(10/17	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/10/17 Dated		
Signature		
(By a select	director, president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	DAVID HERNANDEZ, CPA	
	(Typed or printed name of person signing)	
	PRESIDENT AND DIRECTOR	
	(Title of person signing)	