P1400000 559%

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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TALINA OF CORPUSATION

JAN 30 ZOIL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DDM CLEA	AN & SERVICES	CORP			
DOCUMENT NUMBER: P140000559					
The enclosed Articles of Amendment and fee are su	abmitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
DALMIS HERNA	NDEZ				
	Name of Contact Person				
PRESIDENT					
	Firm/ Company				
13840 SW 268 S	ST APT 201				
	Address	······································			
HOMESTEAD, F	L 33032				
	City/ State and Zip Code				
SILVAMODALES 92	CMAIL COM				
SILVAMORALES 83	sed for future annual report	notification)			
E-man address. (to be d	sed for future annual report	nouncation)			
For further information concerning this matter, please call:					
DALMIS HERNANDEZ	at (786	8993906			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:			
■ \$35 Filing Fee	□\$43.75 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	Amend Divisio	Address Iment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

DDM CIENILLS FRUTCES COOD

(Name of Company)	CHN + OLKV	LULD COFF		
P1400005596	currently thea with the rio	rida Dept. of State)		
	Number of Corporation (if k	(nown)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this FI	orida Profit Corporation ad	opts the following a	amendment(s) to
A. If amending name, enter the new name	me of the corporation:			
<u> </u>	** **			The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associate	ation "Corp," "Inc," or "Co	o". A professional corpora	rated" or the abb tion name must co	reviation intain the
B. Enter new principal office address, i		13840 SW 268 S	T APT 201	
(Principal office address MUST BE A ST		HOMESTEAD, I	FL 33032	
C. Enter new mailing address, if applie		13840 SW 268 S	T APT 201	
		HOMESTEAD, F	FL 33032	
D. If amending the registered agent and new registered agent and/or the new		• • •	ne of the	
Name of New Registered Agent	<u> </u>			
	13840 SW 268 S	ST APT 201		
	(Florida stree	et address)		
New Registered Office Address:	HOMESTEAD , Florida 3303		33032	
	(City)		(Zip Code)	→ ≤ω
				7 7 SQU
New Registered Agent's Signature, if ch	nanging Registered Agent:			JAN 2
I hereby accept the appointment as registe		th and accept the obligation:	s of the position.	FEE FEE FEE FEE FEE FEE FEE FEE FEE FEE
Sig	gnature of New Registered Ag	gent, if changing		AH II:4
				二 日戸

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	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	tly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JUAN M MORALES	13840 SW 268 ST APT 20
Add			HOMESTEAD, FL 33032
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional sheet	s, if necessary	<u>v). (Be sp</u>	ter change(s) ecific)	<u>here</u> :			
ADDIT!	IONAL FOR	VPRESID	ENT					
								
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Ifanı	amendment prov	ides for an a	vchance r	eclassification	n or concellat	ion of issuad s	haros	
prov	isions for implen	nenting the a	mendment	if not contai	ned in the am	endment itself:	<u>nai es.</u>	
(if not applicable,	indicate N/A)	· · · · · · · · · · · · · · · · · · ·			•	
`								
`								

date this document was signed.	adoption:	, ii omer man un
Effective date if applicable: 0	1-23-2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	·
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 01-24	-2012	
Dated	Lius	
Signature	AT6.	
` •	a director, president or other officer – if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	pinted fiduciary by that fiduciary)	
	DALMIS HERNANDEZ	
`	(Typed or printed name of person signing)	 _
	PRESIDENT	
	(Title of person signing)	