# P14000025902

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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	Dillo	i Aub Au 00025402	chors	
The enclosed Articles of A	Amendment and fee are sub	mitted for filing.		
Please return all correspor	Please return all correspondence concerning this matter to the following:			
_	SABRINA	Schnokker	,	
Name of Contact Person  Name of Contact Person				
1200 BYINKON AVE, SUITE 1950				
Milmi H 3213				
City/ State and Zip Code  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Subernit Connected at 454, 648-5118				
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:				
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$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
Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

### Articles of Incorporation

DIVIS TELLANGER	ē.

as currently filed with the Florida Dept. of State) (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: 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 MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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 street address)

(City)

NAMIKA New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. 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	<u>PT</u>	John Doe
X Remove	<u>V</u>	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)  1) Change Add Remove	Title	Name SABRINA Schnekker 1200 Brickell Art Stitt 1980 MIRMI, FL 33131
2) Change Add Remove		
3 ) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

	cessary). (Be specifi	c)			
					,
		·····			
an amendment provides for implementing (if not applicable, indica	g the amendment if no	sification, or cance ot contained in the	ellation of issued sh amendment itself:	ares,	
provisions for implementing	g the amendment if no	sification, or cance ot contained in the	ellation of issued sh amendment itself:	ares,	
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f an amendment provides for implementing (if not applicable, indica	g the amendment if no	esification, or cance of contained in the	ellation of issued sh amendment itself:	ares,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	BUSECRETAL TE
Effective date if applicable: SOUMER STORY	UIVISH OF THE PROPERTY
(no more than 90 days after amendment file date)	15 SEP -9 AM 8: 45
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	•
I'he amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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 sharel action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	er
Dated 9-1-2015	
<i>→</i>	
Signature(By a director, president or other officer – if directors or officers have not be	neen
selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
Terence HALORAN.	
(Typed or printed name of person signing)	
J. Lott	
(Title of person signing)	