## P14000027989

, (Re	questor's Name)	
- (Ad	dress)	
(Ad	ldress)	<del>_</del>
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100259250241

04/25/14--01026--008 \*\*43.75

Mame Chy Cash CC

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	ATION: DP CASSA		ES, INC.			
DOCUMENT NUMB	ER: P1400002798	9				
	of Amendment and fee are su					
Please return all corres	pondence concerning this mat	ter to the following:				
	Dennis Cassa					
-		Name of Contact Person	1			
-	Firm/ Company					
	20515 EAST CO		ORIVE #1442			
	Aventura, FL 331	Address 80				
•		City/ State and Zip Cod	e			
dpc	assa@yahoo.con	า				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	e call:				
Dennis Cassa	<b>a</b>	at (954	, 536-5960			
Name o	f Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

DP CASSA @ ASSOCIA		Distance of the second		_	
(Name of Corporation as c P14000027989	urrently filed with the	Fiorida Dept. of State)			
	Number of Corporation (	(if known)		<del></del>	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation adop	ots the following	ig amend	ment(s) to
A. If amending name, enter the new nam	e of the corporation:				
DP CASSA & ASSOCIATI	ES, INC.			The n	ew
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional association.  B. Enter new principal office address, if	ion "Corp," "Inc," or on," or the abbreviation	"Co". A professional corporation		bbreviati	ion
(Principal office address MUST BE A STR				<del>-</del>	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A		14 APR 25	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
D. If amending the registered agent and/new registered agent and/or the new in Name of New Registered Agent			of the	PH 22 12	100 S1175
_	/F1:-J	(			
New Registered Office Address:		treet address), Florida		_	
	(City	9	(Zip Code)		
New Registered Agent's Signature, if chall hereby accept the appointment as register.  Sign		with and accept the obligations o	f the position.		

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change		_		
Add				<u></u>
Remove				
3) Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
<del></del>		-		
Add				
Remove				

(Att	amending or adding additional Articles, en ttach additional sheets, if necessary). (Be sp	pecific)			
N/A					<del></del>
		·· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·	
					, ,,,
	<u> </u>				
. If:	f an amendment provides for an exchange, in provisions for implementing the amendmen (if not applicable, indicate N/A)	reclassificatio t if not conta	n, or cancellati ined in the ame	on of issued shar adment itself:	r <u>es.</u>
V/A					
			···-		

date this document was signed.	, ii other than t
Effective date if applicable: N/A	
(no more than 90 days after amendment file date)	_
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"  (voting group)	
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.	
Dated_4/23/2014  Signature	_
(By a director, 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)	
DENNIS CASSA	
(Typed or printed name of person signing)	
PRESIDENT	<del></del>
(Title of person signing)	