P14000044111

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SECRETAGE OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DM & IR SERVICE	ES, CORP	·		
	BER: P14000044111				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	ILEANA MORA				
		Name of Contact Pers	son	_	
	DM & IR SERVICES, CORP				
	Firm/ Company				
	5105 TOWN N COUNTRY E	BLVD.			
		Address	 .	.	
	TAMPA, FL 33615				
		City/ State and Zip C	ode	_	
	DMIRSERVICESCORP@YAHOO.COM				
	E-mail address: (to be us	ed for future annual rep	ort notification)		
For further information	on concerning this matter, pleas	se call: at (539-6177	Ş	
Name	of Contact Person	at (Area) Code & Daytime Telephone Num	ber	
	or the following amount made		•		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	& □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Dir P.C	niling Address nendment Section vision of Corporations D. Box 6327 Illahassee, FL 32314	Am Div The 241	eet Address lendment Section rision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 lahassee, FL 32303	ı	

SECKETARY OF STAT

Articles of Amendment to Articles of Incorporation of

DM & IR SERVICES, CORP

214000044111				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.	1006, Florida Statutes, th	is Florida Profit Corporatio	n adopts the following amendment(s) to	
a. If amending name, enter the new na	ame of the corporation:			
			The new	
ame must be distinguishable and contain Inc" or Co.," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporatio		
B. Enter new principal office address,	if applicable:	5105 TOWN N COUN	TRY BLVD.	
Principal office address <u>MUST BE A S</u>		TAMPA, FL 33615	TAMPA, FL 33615	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5105 TOWN N COUN	TRY BLVD.	
		TAMPA, FL 33615		
). If amending the registered agent an	d/or registered office ad	dross in Florida, enter the	name of the	
new registered agent and/or the nev				
Name of New Registered Agent	ILEANA MORA		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	5105 TOWN N COUNT	RY BLVD.	50.00 P	
	(Florida street address)			
New Registered Office Address:	TAMPA		, Florida 33615 \times	
		(City)	(Zip Code)—	

l 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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Remove

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 Doc		
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	RENIER LASTRA	12845 RAYSBROOK DR	
Add			RIVERVIEW, FL 33569	
X Remove				
2) Change	P	ILEANA MORA	5105 TOWN N COUNTRY BLVD	
X Add			TAMPA, FL 33615	
Remove 3) Change	VP	ILEANA MORA	5105 TOWN N COUNTRY BLVD	~3
Add			TAMPA, FL 33615	2023 MAY
X Remove				
4) Change			()\``	
Add				
Remove				: 2
5) Change				
Add				
Remove				
6) Change				
Add				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
	_	
		
		
	2023 MAY	
	孟	-
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	(12	F= 10
	<u>;</u>	
77.7 - 23.7 - 71.7	PH 1: 24	
	22	
provisions for implementing the amendment if not contained in the amendment itself:	E *	
(if not applicable, indicate N/A)	_	
ISSUED SHARES OF 50% FOR RENIER LASTRA WILL BE CANCELLED AND RENIER LASTRA'S 50% WILL BE	= 	
GIVEN TO ILEANA MORA WHO WILL HOLD ALL 100 SHARES OF THE CORPORATION.		
	_	
		

MAY 1, 2023	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
MAY 1, 2023	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	and shareholder
☐ 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)	
MAY 1, 2023	
Dated	s 🔁
Signature	28 -
(By a director, president or other officer – if directors or officers have not been	2023 MAY SECRES
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	AHA
	一 5 6 5
appointed fiduciary by that fiduciary)	"" "
ILEANA MORA	AY 12 PM I
(Typed or printed name of person signing)	n = 1
PRESIDENT	ATE ATE
(Title of person signing)	