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ECRETARY OF STATE

FILED 2024 AUG 12 AM 8: 59

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ATION: DMF	Construction Inc
DOCUMENT NUMB	er: <u>P1400</u>	10070611
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.
Please return all corres	pondence concerning this mat	iter to the following:
	BSG  (a) Herit	Name of Contact Person  Thingnoid Fortners Inc  Firm/ Company  age Dr. # 152 Jup. ter [-]  Address  Jup: ter [-]  City/ State and Zip Code  Financial Portners. Com
For further information	E-mail address: (to be us	ed for future annual report notification)
DIANA	186A	31(56) 1935-5734
Name o	f Contact Person	at (561) 935-57-39 Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Department of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

DMF Construction	on Inc
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P1400000	10611
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
NIA	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "F	'. A professional corporation name must contain the word
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 new registered agent and/or the new registered office add  Name of New Registered Agent  N A	
(Floria	la street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am famili	gent: liar with and accept the obligations of the position.
Signature of Ne	www.Registered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (	(11) (c), 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)

Example:

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 Doe	
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	VP.	Ligia R Diaz	707 Naraho St
Add			Jup : ter f/ 33428
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/4)	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	J .	Δ
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
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provisions for implementing the amendment if not contained in the amendment itself:	fan	amendment provides for an exchange reclassification or cancellation of issued shares
(if not applicable, indicate N/A)  A	prov	isions for implementing the amendment if not contained in the amendment itself:
\A		(if not applicable, indicate N/A)
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The date of each amendment(s) adoption: 08 01 24	, if other than the
date this document was signed.	
Effective date if applicable: 68 01 24	
Effective date if applicable: 08 01 24  (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 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
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)	
(Typed or printed name of person signing)	
resident	
(Title of person signing)	

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION: DMF Construction Inc
DOCUMENT NUMBER: P1400007 QC11
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  1386 + inquical Portners Inc  Firm/ Company  (a) Heritage is #152 Jup. ter  Address  Jup. ter fl 33458.
City/ State and Zip Code  In be by financial portners. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561) 935-5737  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303