P14000101582

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FRLEU SECRETARY OF STATE DIVISION OF CORPORATIONS

(1, 15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DL OR ORI	_ANDO, INC				
DOCUMENT NUMBER: P14000101582	DOCUMENT NUMBER: P14000101582				
The enclosed Articles of Amendment and fee are sub-					
Please return all correspondence concerning this mat	ter to the following:				
MOHAMMAD S IS	SLAM				
	Name of Contact Person				
DL OR ORLANDO					
044 848 08101 18 7	Firm/ Company				
244 MAGNOLIA F					
CANEODD EL 00	Address				
SANFORD, FL 32					
	City/ State and Zip Code				
aminshapla@yahoo.d	com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Mohammad S Alam at (407) 432-8106					
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 & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



DL OR ORLANDO, INC.

14 DEC 29 PM 4: 39

DE OTO OTALIA (INDO), ITTO.	with Deat of State)
(Name of Corporation as currently filed with the Flor P14000101582	rida Dept. of State)
(Document Number of Corporation (if k	(nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	Porida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
DL ORLANDO, INC.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
, ,	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office address:	N/A
Mohammad S Isi	am
Name of New Registered Agent 244 MAGNOLIA	
(Florida stree	
New Registered Office Address: SANFORD	, Florida 32773
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was Signature of New Registered at	5 Islam

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	\underline{v}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	MD S Islam	244 Magnolia Park Trail
Add ✓ Remove			Sanford, FL 32773
2) Change	P	Mohammad S Islam	244 Mganolia Park Trail
Add Remove			Sanford, FL 32773
Change Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

Ά	il sheets, if necessary,). (Be specific)			
		<u> </u>			
					
					
If an amendme	nt provides for an e	xchange, reclassi	fication, or cance	llation of issued s	hares.
provisions for	implementing the a	mendment if not	contained in the	amendment itself	<u>—</u> — <u>!</u>
(if not app	licable, indicate N/A)			
/A					
	· ————————————————————————————————————				
				**	

SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) a	doption: 12/24/2014	DIVISION OF CO	ORPORATIONS	, if other than th
date this document was signed.	24/2014	14 DEC 29	PM 4: 39	
Effective date if applicable: 121	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were add by the shareholders was/were so		number of votes cast	for the amendment(s)	
The amendment(s) was/were ap				
"The number of votes cast	for the amendment(s) was/wei	re sufficient for appro	val	
by	(voting group)		```	
The amendment(s) was/were adaction was not required.	opted by the board of directors	without shareholder	action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators with	nout shareholder actio	n and shareholder	
Dated 12/24/2	014			
Signature	Mohammed	5 INam	•	
selecte	director, president or other offi ed, by an incorporator – if in that ated fiduciary by that fiduciary	e hands of a receiver.		
	Mohammad S Islam			
	(Typed or p	orinted name of person	n signing)	
	President			
	(Ti	tle of person signing)		_