P15000010300

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(Pm 2-12-15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DOSOL C	ORP		_
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	LEOPOLDO S	CHLILMANN	1	
	DOSOL CORP	Name of Contact Person	n	
	5110 PALM HI	Firm/ Company LL DRIVE , A	PT # 216	
	WEST PALM E	BEACH , FL 3	3415	7.85 TAL
		City/ State and Zip Cod	e	5 FE
DC	SOLINDUSTR			
	rmaii address: (to be us	ed for future annual report	notification)	3 3 17
For further informatio	on concerning this matter, pleas	e call:		
LEOPOLD	O SCHUTLMAN	NN786	3622337	10 3 10 3 10 3
	of Contact Person	at (de & Daytime Telephone N	Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artiment 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)	
	iling Address endment Section		Address Iment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

	10	
	Articles of Incorporation of	0
DOSOL CORR	91	الم المرابع
DOSOL CORP		
(Name of Corporation as c	urrently filed with the Florida Dept. of State)	
Pla	5000010300	<u></u>
(Document	Number of Corporation (if known)	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
ursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Corporation</i>	adopts the following amendment(s)
. If amending name, enter the new nan	ne of the corporation:	
		The new
E-A	applicable:	
Principal office address <u>MUST BE A STI</u> Enter new mailing address, if application (Mailing address <u>MAY BE A POST Office)</u>	able: FFICE BOX)	name of the
Principal office address MUST BE A STI Enter new mailing address, if applica (Mailing address MAY BE A POST Of	able: FFICE BOX) /or registered office address in Florida, enter the n	name of the
Principal office address MUST BE A STI	able: FFICE BOX) /or registered office address in Florida, enter the n	name of the
Principal office address MUST BE A STI	able: FFICE BOX) /or registered office address in Florida, enter the negistered office address:	name of the
. If amending the registered agent and/ new registered agent and/or the new	able: FFICE BOX) /or registered office address in Florida, enter the n 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	٧	KATIANA TORRES M	5110 PALM HILL DRIVE
Add			APT #216
Remove			WPB, FL 33415
2) Change			
		Private Control Contro	
Add			
Remove			
3) Change			
Add			B+074
Remove			
4) Change			
Add			
Remove			
. 🗆			
5) Change			
Add			
Remove			
6) Change			
Add			
Parnava			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	·
f an amendment provides for an exch.	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 02/02/2015	, if other than the
date this document was signed.	
Effective date if applicable: 02/02/2015	
(no more than 9t) days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
(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 02/02/2015	
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)	
Leapaldo Schottman. (Typed or printed name of person signing)	
(Typed or printed name of person signing)	_
Dresident	
(Title of person signing)	

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