## P15000077447

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SECRETARY OF STATE ORDA

JUN 08 2017



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: DAASLY, INC		
DOCUMENT NU	D15000077247		
The enclosed Artica	les of Amendment and fee are su	bmitted for filing.	
Please return all cor	rrespondence concerning this mat	ter to the following:	
	Emilio Raul Izquierdo		
		Name of Contact Person	1
	Daasly, Inc		
		Firm/ Company	
	8004 NW 154th Street, #632		
		Address	
	Miami Lakes, FL 33016		
		City/ State and Zip Cod	e
211	ilia@daaglu aam		
	ilio@daasly.com	ed for future annual report	notification)
	L-man address. (to be us	ed for future annual report	notrication)
For further informa	tion concerning this matter, pleas	e call:	
Emilio Raul Izquierdo		at (	de & Daytime Telephone Number
Name of Contact Person		Area Co	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)
A D P	Tailing Address mendment Section livision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Daasly, Inc				
(Name	of Corporation as current	ly filed with the Florida Dept. of State)	<del></del>	
P15000077247				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amend	lment(s)	
A. If amending name, enter the new n	ame of the corporation:			
N/A		The 1	1ew	
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviat "Co". A professional corporation name must contain	ion	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		3365 West 98 Place		
		Hialeah, FL 33018		
			<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8004 NW 154th Street, #632		
		Miami Lakes, FL 33016		
			_	
D. If amending the registered agent an new registered agent and/or the ne				
Name of New Registered Agent	N/A	_		
Name of New Registered rigent	3365 West 98 Place			
	(Florida st	reet address)		
New Registered Office Address:	Hialeah	Florida		
New Registered Agent's Signature, if c		(City)  LATE COMP.)  AREA COMP. SEE COMP.		
		ь ц. 15 FLORIDA		
	Signature of New 1	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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally St	mith_	
Type of Action (Check One)	Title		Name	Address
1) Change	S	_	Patricia Yvt Izquierdo	3365 West 98 Place
X Add				Hialeah Gardens, FL 33018
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change			<del></del>	
Add				
Remove				
6) Change		_		
Add				
Remove				

C. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
√A	
	·
	-
	**************************************
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
J/A	
N/A	

	N/A	
The date of each amendment(s) adopted date this document was signed.	on:	, if other than the
N/A		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, the ment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment for approval.	nent(s)
	d by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s)	
	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and share	holder
■ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and sharehold	er
May 19, 2017		
Dated		
Signature	7	
	or, prosident or other officer - if directors or officers have not	
	an incorporator - if in the hands of a receiver, trustee, or other	court
appointed fi	duciary by that fiduciary)	
Emi	lio Raul Izquierdo	
	(Typed or printed name of person signing)	<del></del>
Pres	ident	
***************************************	(Title of person signing)	