8/18/22, 3:20 PM

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Electronic Filing Cover Sheet

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| J. HO | | Certificate of Status Certified Copy Page Count Estimated Charge | | 0 06 \$43.75 | HASSER! | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------|--------------------|---------|--|
| 2022 AUG | <u>, </u> | COR AMND/RESTATE/CO DONFA | | O/D RESIGN | SECR | |
| JG 16 PM 3:35 | **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: | | | | | |
| | From: | Account Name : WF TAXES AN Account Number : I2020000004 Phone : (772)879-00 | 13 910 | | | |
| | To: Division of Corporations Fax Number : (850)617-6380 | | | | | |

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 17 2022

COVER LETTER

| | .)* | COVERLETTER | |
|------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TO: Amendment Se Division of Cor | ction | | |
| NAME OF CORPO | PRATION: DONFAY INC | | |
| | IBER: P15000084370 | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | espondence concerning this ma | itter to the following: | |
| | RAFEL GODOY | | |
| | | Name of Contact Persor | 1 |
| | DONFAY INC | | |
| | | Firm/ Company | |
| | 1324 SE ELYTON CT | | |
| | | Address | |
| | PORT ST LUCIE FL 34952 | | |
| | | City/ State and Zip Code | : |
| | orrosalespin@gmail.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informati | on concerning this matter, plea- | se call: | |
| RAFEL GODOY | | 786 at (| 6636970 |
| Name | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check t | for the following amount made | payable to the Florida Depa | artment of State: |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | Certified Copy (Additional copy is enclosed) | C\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisio The Co 2415 N | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303 |

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(1)

Articles of Amendment to Articles of Incorporation of

From: +17722815520 (Walter Gomez)

FILED 2022 AUG 16 AM 11: 47

| | SECRETARIA |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of Corpor | ation as currently filed with the Florida Dept. of State) |
| 15000084370 | |
| (Doc | cument Number of Corporation (if known) |
| tursuant to the provisions of section 607.1006, Flor s Articles of Incorporation: | rida Statutes, this Floridu Profit Corporation adopts the following amendment(s |
| . If amending name, enter the new name of the | e corporation: |
| | The new |
| | "corporation," "company," or "incorporated" or the abbreviation "Corp.," nc," or "Co". A professional corporation name must contain the word breviation "P.A." |
| b. Enter new principal office address, if applical Principal office address MUST BE A STREET A. | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | BOX) |
| | |
| | |
| A 15dim the maintenad grant and/or main | stered office address in Florida, enter the name of the |
| | |
| new registered agent and/or the new registers | |
| | |
| Name of New Registered Agent | |
| | (Floridu street address) |
| | (Florida street address) |
| | , Florida |
| Name of New Registered Agent | |
| Name of New Registered Agent | , Florida |
| Name of New Registered Agent New Registered Office Address: | (City) , Florida(Zip Code) |
| Name of New Registered Agent New Registered Office Address: New Registered Signature, if changing R | (City) , Florida(Zip Code) |
| Name of New Registered Agent New Registered Office Address: New Registered Signature, if changing R | (City) , Florida |
| Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing R | (City) , Florida |
| Name of New Registered Agent New Registered Office Address: New Registered Signature, if changing R | (City) , Florida |

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

Example:

Φ

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:

From: +17722815520 (Walter Gomez)

(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.

| X Change | <u>PT</u> | John Doe | | |
|-------------------------------|--------------|--------------------------|------------------------|--|
| X Remove | <u>v</u> | Mike Jones | | |
| X Add | <u>şv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | TREA | LEONEL R ROSALES JIMENEZ | 1324 SE ELYTON CT | |
| X Add | | | PORT ST LUCIE FL 34952 | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove 3) Change | | | | |
| Add | | | | |
| Remove | | • | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | <u></u> | |
| Remove | | | | |

| [amending or adding additional Arti attach additional sheets, if necessary). | (Be specific) |
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| an amendment provides for an exch provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and and in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| | 08/11/2022 | |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| The date of each amendment | | , if other than the |
| date this document was signed | i . | |
| trong at the late of | 08/11/2022 | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| | , , , | |
| | this block does not meet the applicable statutory filing requirements, this date the Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/wer action was not required. | ere adopted by the incorporators, or board of directors without shareholder actio | n and shareholder |
| | ere adopted by the shareholders. The number of votes east for the amendment(s pere sufficient for approval. |) |
| | ere approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | u |
| "The number of votes | es cast for the amendment(s) was/were sufficient for approval | |
| by | ." | |
| , <u></u> | (voting group) | |
| 08/11 Dated Signature | /2022 | |
| (E | By a director, president prother officer - if directors or officers have not been | |
| | elected, by an incorporator - if in the hands of a receiver, trustee, or other court | |
| aį | ppointed fiduciary by that fiduciary) | |
| | RAFAEL GODOY | |
| | (Typed or printed name of person signing) | |
| | PRES | |
| | (Title of person signing) | |