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C LEWIS

COVER LETTER

NAME OF CORPORATION:

DINE N DITCH

DOCUMENT NUMBER:

Please return all correspondence concerning this matter to the following:

Name of Contact Person

DINE N DITCH

Name of Contact Person

DINE N DITCH

Firm/ Company

30 SI BIN 19/100

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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:

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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

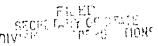
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Certificate of Status

Articles of Amendment to



	Articles of Incorporation of	1	SECRETARY OF STATE
DINE	N DITCH	Cora.	16 MAR 31 PM 1:04
Name of Co	rporation as currently filed with	h the Florida Dept. o	
P15	0000 9900 a		
	(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adop	ts the following amendment(s)
A. If amending name, enter the new name of	f the corporation:		
name must be distinguishable and contain a "Corp.," "Inc.," or Co.," or the designation	the word "corporation," "comp "Corp." "Inc." or "Co". A pi	any," or "incorporation of the comporation of the components of th	The new ted" or the abbreviation on name must contain the
word "chartered," "professional association,		oyessionar corporatio	n name mast comain the
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>)			·····
	* * * * * * * * * * * * * * * * * * * *		
			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
		·	
D. If amending the registered agent and/or new registered agent and/or the new reg		ida, enter the name	of the
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, F	lorida
	(City)		(Zip Code)
New Registered Agent's Signature, if chang			
l hereby accept the appointment as registered	agent. I am familiar with and ac	cept the obligations o	the position.
	Signature of New Registered A	gent, 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 <math>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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	David Stott Reese	810 Ellward Ave Orlando, Fl
Add			Orlando, FI
Remove			52804
2)Change	5	Micael Azoulay	264 F. Long Creek Cova Longwood Fl 32750
Remove		_	
3) Change			<u> </u>
Add			
Remove			
4) Change		***************************************	
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
anamav.manea	
	, , , , , , , , , , , , , , , , , , ,

If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	. /(
Effective date if applicable: 1 n m e	
(no more th	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) was	s/were sufficient for approval
by	"
(voting group)	200
☐ The amendment(s) was/were adopted by the board of direction was not required.	ctors without shareholder action and shareholder s without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated 03-25-20	<u>>16</u>
Signature V / / / /	.6/m
(By a director, president or other	officer - if directors or officers have not been
selected, by an incorporator – if appointed fiduciary by that fiduc	in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduc	nary)
	an CoHEN
(Typed or pri	nted name of person signing)
~	PST
× (7	Title of person signing)

. . . .