P150000099629

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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Amend

MAR 0 2 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section

| Division of Corporations | | | | |
|--|--|--|--|--|
| NAME OF CORPORATION: DT MUITISERVICE 16RP. DOCUMENT NUMBER: P150000 99639 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Drayshawn Diver Name of Contact Person | | | | |
| 828 NW 183rd Street | | | | |
| Mi Ami Radens FZ 33USTO City/ State and Zip Code | | | | |
| City/ State and Zip Code DrayShawn Ulivel @ Gmai/, Com E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| DrayShawh Diver at 786 S87 - 0979 Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| 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: | | | | |
| Certificate of Status Status Statu | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | | | | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



SECRETARIO. OT (Name of Corporation as currently filed with the Florida Dept. of State)

P15000099629

| (Document N | Number of Corporation (if known) |
|--|--|
| Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation: | utes, this Florida Profit Corporation adopts the following amendment(|
| A. If amending name, enter the new name of the corpora | ation: |
| | The new |
| | orporation," "company," or "incorporated" or the abbreviation nc." or "Co". A professional corporation name must contain the eviation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES. | <u>S</u>) |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3470 NW 194 Street Hiany Gardeno Fl 33054 |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | e address: |
| Name of New Registered Agent | |
| | |
| (I | Florida street address) |
| New Registered Office Address: | , Florida |
| | (City), Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am | ed Agent: |
| 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.

| Add | Example: X Change | PT John Do | <u>be</u> | |
|---|-------------------|---------------------------|------------------|--|
| Type of Action (Check One) 1) Change | X Remove | <u>V</u> <u>Mike Jo</u> | nes | |
| Check One) 1)Change | <u>X</u> Add | <u>SV</u> <u>Sally Sn</u> | <u>nith</u> | |
| Add | | | | |
| 2) _ Change Sfficer Jean Baptiste, Max 828 NW 183rd street Add Wiemove W.P. John Lashley JR. 3470 NW 1945treet Wadd Remove 4) _ Change Ofc. LEDAY IN Oliver 3470 NW 1945treet Wadd Remove 5) _ Change Ofl Lamar Endy JR 3470 NW 1945treet Wadd Wiemove W. Add W. Ami Bardin R 3300 White the street W. Add W. Ami Bardin | 1) Change | Officer | Moulton, Dave P | 808 NW 183rd Street |
| 2) Change Add Remove Add | | | | MIAMI BARDEN M33/69 |
| Tohn Lashley JR. 3470 NW 194 Street Add Remove 4)Change | 2) Change | officer | JEAN Baptuk, MAX | 828 NW 183rd street Miami Garden PZ 33169 |
| 4)ChangeDCLEDAY i W Diver | 3)Change | <u>V. P.</u> | John LASHley JR. | 3470 NW 1945treet Miami Bandon FT 3300 |
| Change of Lamor Endy TR 3470 NW 194 Street Add Remove Remove | 4) Change | ofc. | LEDAVIUS OLIVER | 3470 NW 194 Street Miani Gardens FL 35WG |
| | 5) Change | <u>ofe</u> | LAMAR EADY JR | 3470 NW 194Street Minni Bardens 1233057 |
| Remove | 6)Change | P | Drayshawn Oliver | 3470 NW 194 street Miami Garden FI 38056 |

| | al sheets, if necessary | y). (Be specific) | | | | |
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| <u>provisions for </u> | nt provides for an eximplementing the an licable, indicate N/A) | mendment if not | fication, or canc contained in the | ellation of issued amendment itsel | shares, f: | |
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| The date of each amendment(s) adoption: | 224 | 14 | , if other than the |
|--|--------------------|--|--|
| date this document was signed. | أبيداه | 11. | |
| Effective date if applicable: | 2/24/ | l Y days after amendment file dat | |
| | no more inan 90 | aays ajier amenameni jiie aai | e) |
| Note: If the date inserted in this block does not document's effective date on the Department of Sta | | able statutory filing requirement | nts, this date will not be listed as the |
| Adoption of Amendment(s) (CHEC | CK ONE) | | |
| ☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app | | number of votes cast for the an | nendment(s) |
| ☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr | | | |
| "The number of votes cast for the amenda | | sufficient for approval | |
| by(voting | | ,11 | |
| (voting | group) | | |
| ☐ The amendment(s) was/were adopted by the boa action was not required. | ard of directors v | without shareholder action and | shareholder |
| The amendment(s) was/were adopted by the inc action was not required. | orporators witho | out shareholder action and shar | eholder |
| Dated 224/16 | | | |
| Signature Vrayo | | Olipa | |
| | | er – if directors or officers have hands of a receiver, trustee, or | |
| appointed fiduciary by | | nailes of a receiver, trustee, or | other court |
| Dra | yshawn | Diver ame of person signing) | |
| (1) | ped or printed n | ame of person signing) | |
| <u></u> | <u> 25</u> de | <u>n</u> | |
| | (Title o | f person signing) | |