P16000026252

(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	· #)		
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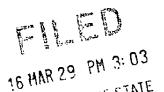
COVER LETTER

TO: Amendment Section

Division of Cor	porations			
NAME OF CORPO	DRATION: DHPLAZA CORE	•		
	4BER: P16000026252			
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all con	respondence concerning this ma	tter to the following:		
	Cesar Giangiobbe			
		Name of Contact Person		
	Residencias MGT LLC			
		Firm/ Company		
	4957 SW 158th Way			
	Address			
	Miramar, FL 33027			
		City/ State and Zip Code	2	
cjg	iangiobbe@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Cesar Giangiobbe		at (305	986-1280	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:	
S35 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)	
M	ailing Address	Street	Address	
	mendment Section	Amend	ment Section	
	vision of Corporations	Division of Corporations		
	O. Box 6327 Illahassee, FL 32314		Building xecutive Center Circle	
1 6		7001 F	ACCURATE COMES CHEE	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



DHPLAZA CORP

(Name of Corporation as currently filed with the Florida Dept. of State P16000026252 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (Citv) (Zip Code) 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.

X Change	<u>PT</u>	John Doe	
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) X Change	PS	Residencias MGT LLC	4957 SW 158th Way
Add			Miramar, FL 33027
Remove			
2) Change		N/A	N/A
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nal sheets, if nece	nal Articles, enter ch ssary). (Be specific	<i>)</i>		
7/A					
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	<u>ent provides for</u> er implementing (an exchange, reclass the amendment if no	sification, or cancel of contained in the a	lation of issued shall mendment itself:	<u>res,</u>
provisions fo	plicable, indicate	N/A)			
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The date of each amendment(s)	adoption:	, if other than the
	3/24/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	;)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by N/A	n	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
03/24/20 Dated	116	
Signature		
(By-selec	rangetor, president or other officer – if directors or officers have not been etcd, by an incorporator – if in the hands of a receiver, trustee, or other cour inted fiduciary by that fiduciary)	t
	Cesar Giangiobbe	
	(Typed or printed name of person signing)	
	Manager for Residencias MGT LLC (who in turn is PS for DHPLAZA	CORP)
•	(Title of percon signing)	