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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: The Depierro Grou	ıp Inc	
DOCUMENT NUMB	ER: P16000036990		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Brooks Rose Depieττο		
•		Name of Contact Person	n
	The Depierro Group Inc		
•		Firm/ Company	<del>,</del> ——
	739 Saint Albans Drive		
•		Address	
	Boca Raton Florida 33486		
,		City/ State and Zip Cod	c
Ddoni	erro@gmail.com		
——————————————————————————————————————		sed for future annual report	notification)
	L-man address. (to be a	sea for farare annual report	nouncation,
For further information	concerning this matter, pleas	se call:	·
Brooks Rose Depierro		at (	
Name o	f Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

The Depierro Group Inc

(Name of Corporation as o	currently filed with the Florida Dept. of State)		•
P16000036990			
(Document No	umber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the fo	ollowing amendm	ent(s) t
A. If amending name, enter the new name of the corpora	tion:	•	
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Incword "chartered," "professional association," or the abbrev	c," or "Co". A professional corporation name		n
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18 FE	-~ ,
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		3 28 1	
Name of New Registered Agent		# 2:5	O
(F)	lorida street address)	<u>}&gt;</u>	
New Registered Office Address:	, Florida	<u></u>	
	(Čity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept the obligations of the pos	sition.	
Signature o	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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P D		Anthony Depierro	738 St Albans Drive
Add				Boca Raton FL 33486
X Remove				
2) X Change	P, T ,S	_	Brooks Rose Depierro	734 ST Albans Drive
Add				Boca Raton FL 33486
Remove				
3) Change		_		
Add				
Remove				<del>.</del>
4) Change				
Add		<del></del>		
Remove				
Kemove				<del> </del>
5) Change		-		
Add				
Remove				
6) Change				
Add	<del></del> -	<del></del>		
Pernove				

If an amendment provides for an exchange, reclassification, or cuncellation of issued shares, provisions for implementing the amendment if not contained in the amendment isself:  (if not applicable, indicate N/A)		adding additional Art al sheets, if necessary).					
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(if not applicable, indicate N/A)	provisions for	implementing the ame					
	(if not app	licable, indicate N/A)					
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	February 13, 2018	
The date of each amendmen	t(s) adoption:	, if other than the
date this document was signed		
Efforting data if analisables	January 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this can be	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendmentere sufficient for approval.	l(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Febn Dated	uary 13, 2018	
Signature _	x Brooks Mose ( Ochena)	
•	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other co	urt
a	ppointed fiduciary by that fiduciary)	
	Brooks Rose Depierro	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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