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COVER LETTER

NAME OF CORPORATION: DELTA A PPLIANCES, INC DOCUMENT NUMBER: P1600046983 The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jorge DiAZ Name of Contact Person
Firm/Company 6549 BAY STON HILL PL
2EPHYICHII/S, FL 33541
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TORGE DIAZ at 813 1766-6789 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:
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Mailing Address

TO: Amendment Section

Division of Corporations

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

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

Articles of Amendment to

Articles of Incorporation

of

DELTA API	PLIANCES, INC
(Name of Corporation as currently file	
716 coca	³ 469 <i>83</i>
(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Trincipal office address MOST BE A STREET ADDRESS)	5 60
_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	; <u>m</u> n
~	- · · · · · · · · · · · · · · · · · · ·
_	DA S
D. If amenuing the registered agent and/or registered office address i	In Florida, enter the name of the
new registered agent and/or the new registered office address:	Total Content the name of the
Name of New Registered Agent JORGE	DIAZ
6549 37	21501 41/1 2/
(Florida street ac	1dress) ;
ZEPHYR,	Hi//5 32541
New Registered Office Address: (City,	ZEPHYRHIIIS (Zip Code)
	ZEPHYNAMS,
w Registered Agent's Signature, if changing Registered Agent:	
ereby accept the appointment as registered agent. I am familiar with a	ind accept the obligations of the position.
Signature of New Registr	ered 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.

Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
_ <u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s	
1) Change	VP) <u>CH</u>	ARISSA	RIVERS	12710 RA	EBURN WA
Add Remove					Tampa, FL	<u> 33</u> 624 —
2) Change	_	_				
Add						
Remove						
3) Change			<u> </u>			
Add						
Remove						
) Change						
Add						
Remove						
Change		_				
Add						
Remove						
Change						
Add						
Pamoua						

Attach additional sheets, if necessar	i). (Be specific)			
				
				
				
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				11. 8
 				
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an amendment provides for an e	change, reclassification	on, or cancellation o	f issued shares,	
provisions for implementing the a	<u>nendment if not conta</u>	ined in the amendm	ent itself:	
(if not applicable, indicate N/A)				
		-··		
	_			
				 .
				·· · · · · ·

The date of each amendment(s) adoption: 1/8/2018 , if other than the date this document was signed.
Effective date if annicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature
(By a director, president or other) officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
JORGE NIAZ
(Typed or printed name of person signing)
P
(Title of person signing)