# P160000 71114

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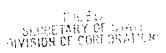
## COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: D2D Sales Group,	He Inci		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Susanna Flores			
	Name of Contact Person		
D2D Sales Group, I.L.C.	D2D Sales Group, LLC Ivc.		
	Firm/Company		
6222 Draw Lane			
	Address		
Sarasota, FL 34238			
	City/ State and Zip Code		
LFCSUS@gmail.com			
E-mail address: (to be us	sed for future annual report notification)		
For further information concerning this matter, please	se call:		
Susanne Flores	813 702-5992 at ( )		
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:		
\$35 Filing Fee \$\times \text{Certificate of Status}\$	Certified Copy (Additional copy is enclosed)  \$\int_{\$52.50\$ Filing Fee}\$ Certificate of Status Certified Copy (Additional Copy is enclosed)		
<b>Mailing Address</b>	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327			
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



D2D Sales Group, Inc

	ente of Dio DM 1: ()
(Name of Corporation	as currently filed with the Florida Dept. of State
	P16000071114
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	PESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
new registered agent and/or the new registered of	
new registered agent and/or the new registered of	
	fice address;

# 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:

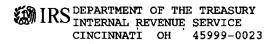
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director 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> <u>!</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	VP	Carlos Lizarraga Flores	6222 Draw Lane, Sarasota Fl 34238
X Add			
Remove			
2) Change			
Add			1164
Remove			
3)Change '			
Remove			
4)Change		<del></del>	·····
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
Reclassification of shares:	
Susanna Flores 34%	
Carlos Lizarraga 33%	
Carlos Lizarraga Flores 33%	

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	CH, MA HAMPTARY OF CLAR
Effective date if applicable:	BALBETARY OF STATE
(no more than 90 days after o	umendment file date) 2016 SEP 19 PM 1: 05
<b>Note:</b> If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	eholder action and shareholder
□ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
Dated	
Signature Susaner Fileras P	
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	eceiver, trustee, or other court
(Typed or printed name of person of	ia Flores
(Typed or printed name of person	on signing)
pres	ident
(Title of person sign	ning)



D2D SALES GROUP INC

SARASOTA, FL 34238

6222 DRAW LN



Date of this notice: 08-26-2016

Employer Identification Number: 81-3673906

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-3673906. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 04/15/2017

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

## IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is D2DS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A

08-26-2016 D2DS B 999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 08-26-2016 ( ) -

EMPLOYER IDENTIFICATION NUMBER: 81-3673906

FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 

D2D SALES GROUP INC 6222 DRAW LN SARASOTA, FL 34238