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TO: Amendment Section Division of Corpo		
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NAME OF CORPOR	(ATION:	
DOCUMENT NUMB	D.T.M.P. 10C. DER: P16000076391	
The enclosed Articles of	of Amendment and fee are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Millian Carro	
-	Miller Sarai Name of Contact Person	
	Figure of Confident Cloud	
-	Firm/ Company	
1	18400 NW 2nd Avenue Miami Gardens FL 33169 Cityl State and Zip Code	
-	Address	
<u>,</u> _	Miami Gardens FL 33169	
The	E-mail address: (to be used for future annual report notification)	<u>_</u>
<u> </u>	E-mail address: (to be used for future annual report notification)	
		`.5 —
For further information	n concerning this matter, please call:	اب-
Miller S	Sara 11 (305) 790-8097	imber 5
Name o	of Contact Person Area Code & Daytime Telephone Nu	mber = 5
Enclosed is a check for	r the following amount made payable to the Florida Department of State:	· ·
\$35 Filing Fee	□\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy	

enclosed)

Mailing Address

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

Street Address

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

(Additional Copy

is enclosed)

Articles of Amendment

to

Articles of Inco	rporation	
D.T.M.P. 1nc		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P16000076391		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:	rx la	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	o". A professional corporation name m	e abbreviation ust contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	MA	
	MIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA	<u></u>
	NA	17 ADS
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	TO PH
Name of New Registered Agent	MA	HI 1-5
(Florida stree	et address)	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(City)

(Zip Code)

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:	, ana sai	ty Sman, Sv as an Ada,	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		Cox Gloria Garva	<u></u>
_X_Add		ı	Minni Gardens FC 3316
Remove			Minna Gardens, FC 33169
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	If amending or adding a Attach <i>additional sheets</i>	if necessary) (Re specific)			
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The date of each amendment(s) adoption:	08/09/2017	, if other than the
date this document was signed.	adichai?	
Effective date if applicable:	(no more than 90 days after amendment file day	e)
	The state of the s	-,
Note: If the date inserted in this block does not document's effective date on the Department of S		nts, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		nendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The follow group entitled to vote separately on the amendment	
"The number of votes cast for the amend	iment(s) was/were sufficient for approval	
by	ng group)	
(votii	ng group)	
☐ The amendment(s) was/were adopted by the beaction was not required.		shareholder
The amendment(s) was/were adopted by the ir action was not required.	icorporators without shareholder action and shar	eholder
Dated C8/09	8017	·
Signature SARAI	Miller	
	lent or other officer – if directors or officers have porator – if in the hands of a receiver, trustee, or	
appointed fiduciary l		
	er Sarai	
T)	Typed or printed name of person signing)	
	Vregident:	
	(Title of person signing)	