P160000 83423

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
-		
(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DIMAR CORPOR	ATIONATION	
DOCUMENT NUM	BER: P16000083423		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	ELIO PEREZ		
		Name of Contact Person	<u> </u>
	DIMAR CORPORATION		
		Firm/ Company	
	12507 SW 7 STREET		
		Address	
	DAVIE, FL. 33325		
		City/ State and Zip Code	2
BUS	SINESSACCTPROF@GMAIL	.СОМ	
	_	sed for future annual report	notification)
		·	
For further information	on concerning this matter, pleas	se call:	
ELIO PEREZ		at (610-4307
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	urtment 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DIMAR CORPORATIONATION

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P16000083423	
(Docume	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	orporation:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	The new d "corporation." "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADD)	ORESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(City) [21] Code)
New Registered Agent's Signature, if changing Regi	gistered Agent:
I nereoy accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Signo	nature 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 <math>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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	ELIO PEREZ	12507 SW 7 STREET
X Add			DAVIE, FL 33325
Remove			
2) X Change	MGR	DIEGO BOLANOS	12507 SW 7 STREET
Add			DAVIE, FL 33325
Remove			
3) X Change	MGR	MARIELY PEREZ	12507 SW 7 STREET
Add			DAVIE, FL 33325
Remove			
4) Change			
Add			
Remove			
5) Change	<u>.</u>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

•	NOVEMBER 8, 2016	
	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : NOV	EMBER 8, 2016	
Directive date in applicable	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
NOVEMBE Dated	R 8, 2016	
	exist Tresident or other officer if directors or officers have not been by an incorporator if in the hands of a receiver, trustee, or other court	
appointe	d fiduciary by that fiduciary)	
	ELIO PEREZ	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
-	(Title of person signing)	·