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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	NTION: DIMAR CORPO	RATION	
DOCUMENT NUMBI	P16000083323		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	ELIO PEREZ		
_		Name of Contact Person	<u> </u>
	DIMAR CORPORAT		•
		Firm/ Company	
	12507 SW 7 STREET		
		Address	_
	DAVIE, FL. 33325		
_		City/ State and Zip Code	e
	ELIOPEREZ1982@GN	MAIL.COM	,
	*	sed for future annual report	notification)
For further information	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 for	the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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

DIMAR CORPORATION

(Name of Corporation	as currently filed with the Florida Dept. of State)
P16000083423	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	catutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp-	oration:
	"corporation." "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
	F. (1)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23 7
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	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
	ice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Davida
New Registered Office Address.	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.
_	
Signatu	re 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.

Example: X Change	PT	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title		Name	<u>Addres</u> s
i) Change	þ		ELIO PEREZ	12507 SW 7 STREET
Add				DAVIE. FL. 33325
XX Remove				
2) Change		_		
Add				
Remove				
3) Change		_	· 	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles <mark>, enter change(s) here</mark> : (Be specific)
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the ame:	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

10/10/2017	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
10/10/2017	
Effective date if applicable:	
(no more th	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	pplicable statutory filing requirements, this date will not be listed as the ls.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle	
"The number of votes east for the amendment(s) was	• •
by(voting group)	
(voting group)	
 The amendment(s) was/were adopted by the board of direct action was not required. The amendment(s) was/were adopted by the incorporators action was not required. 	
Dated	
Signature E	
(By a director, president or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
ELIO PERE	Z
(Typed or prin	nted name of person signing)
PRESIDEN	Т
Т)	itle of person signing)