P17000005312

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

V HERRING APR 2 7 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2017

ADAM ESBT C/O MR. MAGED HAMAD 3249 NW 22 AVE MIAMI, FL 33142

SUBJECT: DEMATALA 1ST INC Ref. Number: P17000005312

We have received your document for DEMATALA 1ST INC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring Regulatory Specialist II

Letter Number: 017A00006597

Division of Comparations DO DOV 6997 Tallahassas Florida 9991

CASS RAMOS LAW FIRM

8603 S. Dixie Hwy., Ste. 207 Miami, Florida 33143 Telephone: (305) 456-7778 Fax: (305) 456-1211

March 31, 2017

VIA USPS MAIL

Department of State Division of Corporations Section Name P.O. Box 6327 Tallahassee, FL 32314

RE: AMENDMENTS

Dear Corporate Officer:

Please find enclosed amendments to Dematala 1st, Inc. and Judy Investment, LLC. Also enclosed is a check for \$60.00. If you should have any questions, I may be reached at the number listed above. Please mail the letter of acknowledgment to:

ADAM ESBT c/o Mr. Maged Hamad 3249 NW 22 AVE Miami FL 33142

Sincerely

Barbara Dess, Esd

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DEMATALA IST	INC				
DOCUMENT NUMB	ER: P17000005312					
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.				
Please return all corresp	pondence concerning this ma	itter to the following:				
		MAGED HAMAD				
-	Name of Contact Person					
	ADAM ESBT IRREVOCABLE TRUST					
	Firm/ Company					
	3249 NW 22 AVENUE					
-	Address					
	MIAMI, FL 33142					
-	City/ State and Zip Code					
For further information	E-mail address: (to be used)	sed for future annual report	notification)			
BARBAR	A D. CASS, ESQ.	at (456-7778			
Name of Contact Person		Area Coo	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment to Articles of Incorporation of

DEMATALA 1ST, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2017 APR 24 AM 7: 40

(Name of Corporation	as currently filed with the Florida Dept. of State)
	P17000005312
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	poration:
	"corporation." "company." or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the observiation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR)	
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 off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
new Agamerea Office Hadress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: um familiar with and accept the obligations of the position.
6.	we of New Pagistaved Agent if showing

'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	V	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
I) Change	P	ABAS HAMAD	800 NW 22ND RD	
Add X Remove			FORT LAUDERDALE, FL 33311	
2) Change	P	ADAM ESBT IRREVOC TRUST	3249 NW 22 AVENUE	
X Add			MIAMI, FL 33142	
Remove				
3)Change				
Add				
Remove				
4) Change				
Add				
Remove			·	
5) Change				
Add				
Remove				
6) Change			****	
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
	Article IX
onveyance of interest:	
Abas Hamad conveys 100% int	terest consisting of 500 shares at \$1.00 to ADAM ESBT Irrevocable Trust,
ffective March 30, 2017.	
27 Table	
** ***********************************	
	, , , , , , , , , , , , , , , , , , ,
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
<u> </u>	
170-00-00 h 1 P Hamm	

	March 30, 2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Ma	rch 30, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	t
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	April 18, 2017	
Signature X	(C	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	ABAS HAMAD	
	(Typed or printed name of person signing)	
	Incorporator	
	(Title of person signing)	