## P17 0000 19544

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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02/19/21--01021--001 \*\*35.00



## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_\_\_\_ DOCUMENT NUMBER: P17000019544 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joaquin Fuentes Name of Contact Person Joaquin Fuentes CPA, LLC Firm/ Company 7750 168th Ct N Address Palm Beach Gardens, FL 33418 City/ State and Zip Code Joaquin@jfuentescpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joaquin Fuentes Name of Contact Person Enclosed is a check for 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 Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## FILED

DGM BARBER COMPANY

2021 FEB 19 AM 8: 12

DOM DAKOEK COMPANT	SONT LED 12 MILO. LE		
(Name of Corpo	oration as currently filed with the Florida Dept. of State		
P17000019544 SEURETART UP STATE			
-	TALLAHASSEE, FL		
(1)	ocument Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Flits Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of t	he corporation:		
DGM COMPLETE SERVICES CO.	The new		
	d "corporation," "company," or "incorporated" or the abbreviation "Corp.," "inc," or "Co". A professional corporation name must contain the word		
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>E BOX</u> )		
D. If amending the registered agent and/or registered agent and/or the new registered.	gistered office address in Florida, enter the name of the ered office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	. Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	t Registered Agent: ent.—I am familiar with and accept the obligations of the position.		
	Signature of New Registered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doc 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	PT	John Do	<u>e</u>	
X Remove	V	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				<del></del>
Remove 3)Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		<u> </u>
Add				
Remove				

Attach <i>addinor</i>	nal sheets, if necessar	y). (Be specific)			
<u>-</u>					<del></del>
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	<u> </u>				
an amendme	ent provides for an o	exchange, reclassif	fication, or cancel	llation of issued sh	ares,
provisions for (if not app	implementing the a plicable, indicate N/A	<u>amendment if not (</u> )	contained in the a	amendment itself:	
	<u> </u>				
			<u>.                                    </u>		
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	02/11/2021	
The date of each amendment(s) as	loption:	, if other than
date this document was signed.		
	1/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, t partment of State's records.	his date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amend flicient for approval.	lment(s)
	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s)	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
	rector, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or other	
	ed fiduciary by that fiduciary)	er court
	DAVI'd MOORE	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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