P17 0000 37659

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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Office Use Only



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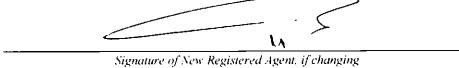
		COVER LETTER	y.
TO: Amendment Sec Division of Corp			* *** ~
NAME OF CORPO	RATION: DUHOMARLING		
DOCUMENT NUM	BER:	. <u>. </u>	
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	RAUL PEREZ		
		Name of Contact Person	
	INTERNATIONALE FINAN		
		Firm/ Company	
	6115 STIRLING RD STE 21	•	
	Address		
	DAVIE , FL 33314		
		City/ State and Zip Code	
	INTLEFINCORP@AOL.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
RAUL PEREZ		at (954	609-9604
Name	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	S43.75 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)
Am Div P.C	iling Address lendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation

D'JHOMARI INC			<u> </u>	
(<u>Name o</u>	f Corporation as curren	itly filed with the Florid	da Dept. of State)	
P17000037659				
	(Document Number	of Corporation (if know	n)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corpor	ation adopts the following am	endment(s
A. If amending name, enter the new na	me of the corporation:			
			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co".	A professional corpor	orated" or the abbreviation "C ation name must contain the	orp.," word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		6115 STIRLING ROAD STE 212		
		DAVIE, FL 33314		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	cable: OFFICE BOX)	6115 STIRLING I	ROAD STE 212	
Totaling and too Giver the Coll Vol 1 Vol 2 15 Co. 10 Vol 1		DAVIE, FL 33314		
			\	
 If amending the registered agent an new registered agent and/or the new 			the name of the	
	iew registered office address: INTERNATIONALE FINANCIAL CORP			
Name of New Registered Agent		<u></u>		
	6115 STIRLING ROAD		<u> </u>	
		street address)	33314	
New Registered Office Address:	DAVIE	(City)	, Florida 33314 (Zip Code)	
New Registered Office Address:				

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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.

 $P = President; \ F = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

X Change	$\overline{\mathrm{bL}}$	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>A</u> ddress
1) Change	P	CESAR M ALBERTO POSADA	4683 BLAZER TR
Add			DAVIE, FL 33314
X Remove			
2) Change			
Add X Remove	Т	ALDO ALBERTO POSADA	2820 NE 49TH ST
3) Change Add			FORT LAUDERDALE, FL 33308
Remove 4) X Change	P	PEDRO GOMEZ	12701 SW 14TH ST
4) Change			PEMBROKE PINES, FL 33027
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

E. If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
MR. PEDRO GOMEZ IT IS THE INCORPORATOR AND ONLY OWNER OF THIS CORPORATION
NO OTHER PERSON OR ENTITY HAVE THE AUTHORITY TO ADD, CHANGE OR REMOVE
ANY PERSON OR ARTICLES OF AMENDMENTS TO THIS CORPORATION UNLESS AUTHORIZED
BY PEDRO GOMEZ IN WRITTING AND DULLY NOTIRIZED DOCUMENT.
F. If 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)

The date of each amendment(s) ad	11/12/2020 potion:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requestrement of State's records.	irements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without	t shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	nted by the shareholders. The number of votes cast for ficient for approval.	the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	following statement windment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
11/12/2020		
Dated		
C:		
Signature (By a di	rector, president or other officer - if directors or office	rs have not been
	, by an incorporator - if in the hands of a receiver, true	stee, or other court
appoint	ed fiduciary by that fiduciary)	
	Ray Knoz	
	(Typed or printed name of person signing)	
	POA	
	(Title of person signing)	