## P17000047868

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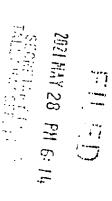
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65/29/21--61012--019 \*\*85.00

07/06/2021 JH



## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DILIU INC.	
DOCUMENT NUMBER: P17000047868	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PEDRO H. RIVERA	
Name of Contact Person	
ABOVE	
Firm/ Company	
4694 FOUNTAINS DR S	
Address	
LAKE WORTH, FL 33467	
City/ State and Zip Code	
E-mail address: (to be used for future annual report hotification)	h
For further information concerning this matter, please call:	
PEDRO H. RIVERA at (925 325-2410  Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$\begin{align*} \begin{align*} \begi	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	

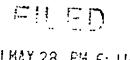
P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation



2021 HAY 28 PH 6: 14 of DILIU INC. (Name of Corporation as currently filed with the Florida Dept. of.State):

P17000047868			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this I	Florida Profit Corporation add	opts the following amendmen
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co". A	ompany," or "incorporated" c professional corporation na	or the abbreviation "Corp.," ime must contain the word
		4694 FOUNTAINS DR S	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		LAKE WORTH, FL 33467	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		4694 FOUNTAINS DR S	
		LAKE WORTH, FL 33467	
		<u> </u>	
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered office addr w registered office address:	ess in Florida, enter the nam	e of the
		•	
Name of New Registered Agent	4694 FOUNTAINS DR S		<del>-</del>
	(Florida str	vei address)	
New Registered Office Address:	LAKE WORTH		Florida 33467
New Registered Office Address.		(City)	(Zip Code)
	1		
New Registered Agent's Signature, if of thereby accept the appointment as regis	tered agent. I am familiar w	eith and accept the obligations	of the position.
. , ,			
	Cianature of Vivi D	egistered Agent, if changing	<del></del>
	Signature of New Ki	zgisierea Ageni, ij 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 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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	PEDRO H. RIVERA	4694 FOUNTAINS DR S
Add			LAKE WORTH, FL 33467
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be specific)  I 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)	
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
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	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action a	ind shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	· ``	
<u> </u>	(voting group)	
selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that tiduciary)	
	PEDRO H. RIVERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	