P17000057783

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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an

COVER LETTER .

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

| DEITI CORP NAME OF CORPORATION: | | | | |
|---|--|---|--|-------------------|
| P17000057783 | | | | |
| DOCUMENT NUMBER: | <u> </u> | | · · · · · · · · · · · · · · · · · · · | |
| The enclosed Articles of Amendment and fee are sub- | nitted for filing. | | | |
| Please return all correspondence concerning this matter | er to the following: | | | |
| DAISY DANNA | | | | |
| | (Name of Contact F | 'erson) | | |
| DEITI CORP | | | | |
| | (Firm/ Compar | у) | | |
| 7824 COLLINS AVE 3B | | | | |
| | (Address) | | | |
| MIAMIBEACH, FL 33141 | | | | |
| | (City/ State and Zip | Code) | | · |
| DAISYDANNA@YAHOO.COM | | | | |
| E-mail address. (to be used | for future annual re | port notification | หเ) | |
| For further information concerning this matter, please | call: | | | - (|
| DAISY DANNA | • | 786 | 285 9230 | - - |
| (Name of Contact Person | | (Area Code) | (Daytime Telepl | none Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida | Department of | State: | r |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy enclosed) | Certi is Certi (Add | 60 Filing Fee ficate of Status fied Copy itional Copy is osed) | ₍ न) ` |
| Mailing Address Amendment Section Division of Corporations | Ā | reet Address mendment Sec ivision of Corp | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



September 26, 2023

DAISY DANNA 7824 COLLINS AVE 3B MIAMI BEACH, FL 33141

SUBJECT: DEITI CORP Ref. Number: P17000057783

We have received your document for DEITI CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Not for Profit Corporation, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

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 $ca\overline{ll}$ (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 123A00022261

OCT 16 2023

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ation: Deiti | CORP | | |
|--------------------------|---|--|---|---------------------|
| DOCUMENT NUMB | er: <u>P17-0000</u> | 157783 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | |
| _ | DAISY I | anna | | _ |
| | _ | Name of Contact Perso | n | |
| | Deiti Cor | 6 | | |
| • | | Firm/ Company | | - |
| | 7824 Colli | ins AN 39 | 2 | |
| - | 10000000 | Address | <u> </u> | - |
| | | 0001 FT 3 | 21/11 | |
| - | MIZMI 13 | City/ State and Zip Cod | 77141 | - |
| | , | | | |
| | craisy dans | oc Sed for future annual report | as · Com | |
| - | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | concerning this matter, plea | se call: | | بري. بري. د ع |
| | . concerning this matter, piece | | | |
| Daisy | Janna | at (_796 | <u>, 285 9230</u> | |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Numbe | er CT |
| Enclosed is a check for | the following amount made | payable to the Florida Dep | artment of State: | <u>-</u> |
| S \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | : |
| Ame Divis P.O. | ing Address Indiment Section Ission of Corporations Box 6327 hassee, FL 32314 | Ameno Divisio The C | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 | |

Tallahassee, Fl. 32303

Articles of Amendment to

Articles of Incorporation

| - DU | ti COKP |
|---|---|
| (Name of Corporation as current | ly filed with the Florida Dept. of State) |
| P170007 | 7783 |
| (Document Number of | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: | 7824 Collins # 3B |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | MIAMI BOOCH, F 1 33141 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 7824 Collins Au 3B |
| | MIDMI Broch, FL 33141 |
| | |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address | |
| Name of New Registered Agent DA 154 DO | nn 2 = ================================ |
| 7824 Coli | ins AU3B |
| New Registered Office Address: U(AM) F | 3000h . Florida 33141 2 |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agen Thereby accept the appointment as registered agent. I am familiar | t: with and accept the obligations of the position. |
| Post | Registered Agent, if changing |
| Signature of yew | Registe red 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 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 | <u>PT</u> <u>John</u> | <u>Doe</u> | |
|-------------------------------|------------------------|--------------|---|
| X Remove | <u>V</u> <u>Mike</u> | Jones | |
| X Add | <u>SV</u> <u>Sally</u> | Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) K Change | MER | Daisy Danna | 7824 Collins A133 |
| Add | | | MIAMI Beach, FL33141 |
| Remove 2) | MGR | Carlos Danna | 7824 Collins N 3B HILAMI Beach FL 3314 |
| Remove 3) Change | <u></u> | | |
| Add Remove 4) Change Add | | | |
| Remove Change Add | | | |
| Remove 6) Change Add | | | |
| Remove | | | |

| The date of each amendment(s) adoption: $\frac{9/1/23}{}$, if oth date this document was signed. | her than the |
|--|--|
| Effective date if applicable: | - |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records. | fisted as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. | lder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| (voting group) | |
| Signature (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) | |
| (Typed or printed name of person signing) | _ :3 _ :3 |
| MGR. | <u>. </u> |
| (Title of person signing) | — ₁₅ |
| | i C |
| | N N |