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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: DENICA CORP			
DOCUMENT NUM	P17000057858			
The enclosed Article	es of Amendment and fee are su	abmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	ELIZABETH RODRIGUEZ			
	-	Name of Contact Person	1	
		Firm/ Company		
	1775 SW 22TER			
		Address		
	MIAMI, FL 33145			
		City/ State and Zip Cod	e	i.
EL.	YDENICA@GMAIL.COM			17 17
	E-mail address: (to be u	sed for future annual report	notification)	5 /m
For further informati	ion concerning this matter, plea	se call:		TARY OF STATE SHOW
CINDY OROZCO.	CPA	at (670-3370	F 032
Name	e of Contact Person		de & Daytime Telephone Number	CaATIO
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

DENICA CORP			
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept, of S	<u>State</u>)
P17000057858			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation adopts	the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation	d" or the abbreviation
B. Enter new principal office address,		N/A	
(Principal office address MUST BE A S	IKEEI ADDKESS)		
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
			
D. If amending the registered agent ar new registered agent and/or the ne			ب ر∸، ⊶
Name of New Registered Agent	N/A		F 02
Name of Hen Registered Agein	N/A		—————————————————————————————————————
		treet address)	
	N/A	er.	• •
New Registered Office Address:		, Float	rida (Zip Code)
New Registered Agent's Signature, if c			t sa
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of t	he position.
	Signature of New	Registered Agent, if changing	

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.

X Change	PT	John Doe	
\underline{X} Remove	<u>v</u>	Mike Jones	
X 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	ELIZABETH RODRIGUEZ	1775 SW 22TER
X Add			MIAMI, FL 33145
Remove			
2) Change	P	ELIZABETH RODIRUEZ	1775 SW 22TER
Add			MIAMI, FL 33145
X Remove			_
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	
V/A		
		
		
	<u> </u>	
		<u>. </u>
		
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		•
		
provisions for implementing the ame	hange, reclassification, or cancellation of issued share endment if not contained in the amendment itself:	<u>.s.</u>
(if not applicable, indicate N/A)		
VA		
		 .
	<u> </u>	

	N/A	
The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
N/A Effective date <u>if applicable</u> :		
mappicaon.	(no more than 90 days after amendment file date))
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the ame ficient for approval.	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and sl	hareholder
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareh	nolder
07/27/17 Dated		
(
C'		
Signature	rector, president or other officer – if directors or officers have	
	tector, president or other officer – It directors or officers have it, by an incorporator – if in the hands of a receiver, trustee, or o	
	ed fiduciary by that fiduciary)	mer court
арропи	A s	
-	(Typed or printed name of person signing)	
	(1 yped of printed name of person signing)	
-	President	
	(Title of person signing)	