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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: DUARTE & MILA	ANO CORP	
DOCUMENT NUMB	D17000069500		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	EDWIN J DUARTE		
-		Name of Contact Persor	1
	DUARTE & MILANO COR	P	
-		Firm/ Company	
	11800 SW 18 STREET, APT	•	
-		Address	
	MIAMI, FL 33175		
-	****	City/ State and Zip Code	2
For further information	E-mail address: (to be us	sed for future annual report	notification)
NANCY BARRIOS		305 at (200-5513 de & Daytime Telephone Number
Name o	l'Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Ame Divis P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DUARTE & MILANO CORP

(Name of Corpora P17000068599	ntion as currently filed with the Florida Dept. of State)
	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Flori its Articles of Incorporation:	ida Statutes, this 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 w "Corp.," "Inc.," or Co.," or the designation "Co- word "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X) = = = = = = = = = = = = = = = = = = =
D. If amending the registered agent and/or regist new registered agent and/or the new registered	tered office address in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing R	
	egistered Agent: . I am familiar with and accept the obligations of the position.
	anature of None 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:

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

Changes should be noted in the following manner. Currently John Dox 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	P	DUARTE, EDWIN J	
Add			
Remove			
2) X Change	VP	MILANO, ORALIS DEL VALLE	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Attach <i>additional sheets, if necessa</i> .	ry). (Be specific)				
					
 -					
			_		
					
					
					
an amendment provides for an provisions for implementing the	exchange, reclass:	fication, or cane	ellation of issued	<u>shares,</u> r	
(if not applicable, indicate N/:	1)	contained in the	amenament reser	<u>··</u>	
_					
				-	

The date of each amendment(s) a date this document was signed.	option:, if other than the
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 E	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac by the shareholders was/were s	pted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were acaetion was not required.	pted by the incorporators without shareholder action and shareholder
10/17/201 Dated Signature	
(By a select	rector, president or other officer – if directors or officers have not been I. by an incorporator – if in the hands of a receiver, trustee, or other court ed tiduciary by that fiduciary)
	EDWIN J DUARTE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)