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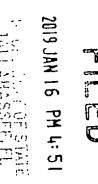
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C. GOLDEN JAN 2 3 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DENARIUS HOL.	DING GROUP INC		
· DOCUMENT NUM	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
•	CORINA A. SMITH			
		Name of Contact Person		
TAXCARE SOUTH MIAMI				
	•	Firm/ Company	 	
	1400 NW 107TH AVE #430			
Address				
•	MIAMI, FL 33172			
		City/ State and Zip Code	•	
COR	INA.SMITH@TAXCAREIN	C.COM		
<u>-</u>	E-mail address: (to be u	sed for future annual report	notification)	
•				
For further information	n concerning this matter, pleas	se call:		
CORINA.SMITH@TAXCAREINC.CQM		at (<u>305</u>	924-0340	
Name	of Contact Person	at (305) 924-0340 Area Code & Daytime Telephone Number		
Enclosed is a check to	or the following amount made	payable to the Florida Depa	irtment 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)	
Am Div P.C	iling Address endment Section ision of Corporations . Box 6327 lahassee, F1, 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Fallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2019 JAN 16 PM 4:51

DENARIUS HOLDING GROUP INC

in the second
(Name of Corporation as currently filed with the Florida Dept. of State) rough SSEE, I
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments as Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
•
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
·
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.
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:

President: V= Vice President: T= Treasurer: S= Secretary: D= Director: TR= Trustee: C= Chairman or Clerk: CEO= Chief Executive Officer: CEO= 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.

Example: <u>X</u> Change	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PRESIDENT.	MATA, NELSON	1400 NW 107TH AVE #430
Add		-	MIAMI, FL 33172
Remove			
X Change	VILE PRESIDENT	SMITH, CORINA	1400 NW 107TH AVE #430
Add			MIAMI, FL 33172
Remove			
3) Change			
Add			
Remove			
• 4) Change			
Add			
Remove	•		
5) Change			
Add			
Remove	•		
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
, , , , , ,	
	
	
•	
	
•	
	6.
 If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amendment. 	on of issued shares, ndment itself:
(if not applicable, indicate N A)	

The date of each amendme	nt(s) adoption:	, if other than the
date this document was signe		
Effective date <u>if applicable</u>	: <u> </u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted is document's effective date or	n this block does not meet the applicable statutory filing requirements, this date we the Department of State's records.	ill not be listed as the
Adoption of Amendment(s	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
☐ The amendment(s) was/w must be separately provi	were approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval	
by	·``	
	(voting group)	
The amendment(s) was/v action was not required.	were adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder	
	14/2019 ,,	
Dated		
Signature	Million Worker	
. nguarare	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that tiduciary)	
	NELSON MATA	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·