P17000065267

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: DMN FENC	E REPAIRS, INC.	
DOCUMENT NUMBER: P17000085267		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
DUNIEL RAMON NO	DA	
× July	Name of Contact Perso	ท
	Firm/ Company	
	Address	
30235 SW 158 CT HON	MESTEAD, FL 33033	
	City/ State and Zip Cod	e
dunieldavidramon@gma	ail.com	
E-mail address: (to	be used for future annual report	notification)
For further information concerning this matter,	please call:	
DUNIEL RAMON NODA	at (5709698
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section

Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation

FILED

DMN EGNCE DEDAIDE INC

(Name of Corporation as currently filed with the Florida P17000085267 (Document Number of Corporation (if known Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	WELLAHASSEE, PEGED :
(Document Number of Corporation (if known	WELLAHWARFET LEGEN
)
Pursuant to the provisions of section 607 1006. Florida Statutor this Education 10. 75. 75	
its Articles of Incorporation:	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporate "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporate "chartered," "professional association," or the abbreviation "P.4."	Thenew ated" or the abbreviation "Corp.," ion name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office address:	e name of the
Name of New Registered Agent DUNIEL RAMON NODA	
30235 SW 158 CT	
(Florida street address)	
New Registered Office Address:	33033
(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obliga	
Signature of New Registered Agent, if changing	
	ing ——
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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 = ChiefExecutive 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. Example:

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1)Change	P	DUNIEL RAMON NODA	30235 SW 158 CT	
X Add			HOMESTEAD, FL 33033	
Remove				
2) Change	P	YAILIN BAYATE	30235 SW 158 CT	
Add			HOMESTEAD, FL 33033	
X Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Mach additional sheets, if necessary),	<u>(cles, enter change(s) here</u> : (Be specific)
n amendment provides for an exchan	nge, reclassification, or cancellation of issued shares,
visions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
(g not applicante, indicate N/A)	

.

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date if applicable:	8/2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl- document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wpartment of State's records.	fill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	pted by the incorporators, or board of directors without shareholder action ar	nd shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ned by the shareholders. The number of votes east for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo by	or the amendment(s) was/were sufficient for approval	
<u></u>	(voting group)	
09/28/2021 Dated		
Signature X	AB.	
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
D	UNIEL RAMON NODA	
- <u>-</u>	(Typed or printed name of person signing)	
VI	Р	
	(Title of person signing)	