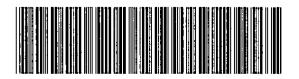
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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address
Amendment Section
Division of Corporations

P.O. Box 6327

NAME OF COR	RPORATION: DFD CONTRACT	OR INC			
	UMBER: P17000086829				
The enclosed Art	icles of Amendment and fee are su	ebmitted for filing.			
Please return all o	correspondence concerning this ma	itter to the following:			
	JOSE L QUINTANILLA				
		Name of Contact Person	n.		
	DFD CONTRACTOR INC				
	Firm/ Company				
	12631 SW 5TH CT				
	Address				
	DAVIE, FL 33325				
		City/ State and Zip Cod	e		
	dfdcontractorine@hotmail.co	om			
	E-mail address: (to be us	sed for future annual report	notification)		
For further inform	nation concerning this matter, plea	se call:			
GILMA QUINTANILLA		at (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a che	ek for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fe	ee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)		

Street Address
Amendment Section

Division of Corporations
The Centre of Tallahassee

Articles of Amendment Articles of Incorporation



	ot	(a)p ー m
DED CONTRACTOR INC		P 0
(Name of Corporation as	currently filed with the F	
P17000086829		
(Document N	umber of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	tes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:	
NA		The new
name must be distinguishable and contain the word "corpora" "Inc" or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	'Co". A professional coi	orporated" or the abbreviation "Corp.,"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>N/A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
). <u>If amending the registered agent and/or registered off</u> new registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent		
(F)	lorida 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.

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.

Example: X Change	pr	John Dan	
_	<u>PT</u>	John Doe	
X Remove	\underline{V}	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) Change	P	JOSE L QUINTANILLA	12631 SW 5TH CT
Add			DAVIE, FL 33325
X Remove			
2) Change	P	GILMA N QUINTANILLA	12631 SW 5TH CT
X Add			DAVIE, FL 33325
Remove 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)	
I AM MAKING THIS AMENDMENT TO CHANGE THE COMPANY OWNER	-
If an amendment provides for an exchange, reclassification, or cancellation of issued shaprovisions for implementing the amendment if not contained in the amendment itself:	res,
(if not applicable, indicate N/A)	
	7,7

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	09/08/2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/01/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
☐ The amendment(s) was/were approvided for must be separately provided for	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
,	tvoting group)	
Dated O9	loila L	
select	director, president or other officer - if directors or officers have not been oil, by an incorporator - if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	n Ouri
	JOSE L QUINTANILLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	