P17000090872

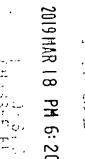
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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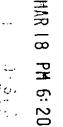




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C. GOLDEN MAR 2 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCTA FLY CORP DOCUMENT NUMBER: P17000090872 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RICARDO NORBERTO ZALAZAR Name of Contact Person Firm/ Company 3182 NE 11 ST Address HOMESTEAD, FL 33033 City/ State and Zip Code RICARDOZALAZAR@GMAIL.COM E-mail address, (to be used for future annual report notification) For further information concerning this matter, please call: RICARDO ZALAZAR Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed). is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clitton Building P.O. Box 6327 2661 Executive Center Circle Fallahussee, FL 32314

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2019 HAR 18 PH 6: 20

| DOCTA FLY CORP | | |
|--|--|--|
| (Name o | of Corporation as current | ly filed with the Florida Dept. of State |
| P17000090872 | | |
| | (Document Number of | 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) to |
| A. If amending name, enter the new na | me of the corporation: | |
| | | ihenew |
| name must be distinguishable and com "Corp." "Inc." or Co.," or the design word "chartered," "professional associa | ation "Corp." Inc. or | on," "company" or "incorporated" or the abbreviation "Co : A professional corporation name must contain the "F.A." |
| B. Enter new principal office address, if applicable: | | 3182 NE 11 ST |
| (Principal office address MUST BE A S | TREET ADDRESS) | HOMESTEAD, FL 33033 |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3182 NE 11 ST |
| | | HOMESTEAD, FL 33033 |
| | | |
| D. If amending the registered agent an new registered agent and/or the new | nd/or registered office add w registered office addre | fress in Florida, enter the name of the |
| Name of New Registered Agent | RICARDO N. ZALAZA | |
| Name of New Registered Agent | 3182 NE 11 ST | |
| | (Florida s | treet address) |
| New Registered Office Address: | HOMESTEAD | Florida 33033 |
| | | (Zip Code) |
| New Registered Agent's Signature, if c | hanging Registered Agen tered agent - I am familiar | nt: - with and accept the obligations of the position. |
| And the second of the second o | | |
| | 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, \widetilde{V} - Vice President: Γ = Frequirer, S= Secretary, D= Director, ΓR - 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 | <u>1. L.</u> | John Doc | |
|-------------------------------|-----------------|--------------------|----------------------|
| X Remove | \underline{V} | Mike Jones | |
| <u>X</u> Add | <u>8V</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Address</u> |
| 1) X Change | 1, | RICARDO N. ZALAZAR | 3182 NE 11 ST |
| Add | | | HOMES FEAD, FL 33033 |
| Remove | | | |
| 2) X Change | <u>V</u> | RODOLFO E GASPAR | 3182 NE 11 ST |
| Add | | | HOMESTEAD, FL 33033 |
| Remove | | | |
| 3) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Kemove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| AdJ | | · | |
| Remove | | | |

| (Attach add | ng or adding additional Articles, enter change(s) here: httional sheets, if necessary; — (Be specific) | | | |
|---|---|----------|--|--|
| NOTE: ANY OTHER OFFICER ON THE ORIGINAL CORPORATION NOT LISTED ABOVE AS A CHANGE, | | | | |
| REMAINS T | HE SAME, PLS DO NOT REMOVE OR CHANGE | | | |
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| If an ameno | lment provides for an exchange, reclassification, or cancellation of issued shares, | | | |
| provisions | for implementing the amendment if not contained in the amendment itself: | | | |
| (ij neu i | applicable, indicate N.A) | | | |
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| The date of each amendment(s) adoption: | , if other than th |
|---|--------------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| the clive date it applicable: (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. | will not be listed as th |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s). | |
| The number of votes cast ter the amend nent(s) was/were sufficient for approval | |
| by | |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – V in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| RICARDO N ZALAZAR | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |