P17000 96003

(Re	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
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(B	usiness Entity Name)			
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COVER LETTER

NAME OF CORPORATION: DEDIOVATVESS COVED DOCUMENT NUMBER: P1700096003
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mathew Roth Name of Contact Person Deploya Press (or p. Firm/ Company 11352 W. State Road 84 #70 Address Davie, FL 33325 City/ State and Zip Code Suparenaine la La Ayahoo, Com E-mail address: (to be used for lighter annual report horification)
For further information concerning this matter, please call:
Matthew Roth 11 (646, 391-5065
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

	Articles of A	Amendment		
	to			
	Articles of In	_	-	
Depl	lova Pre	55 (pr)	· > .	• .
(Name of Co	rporation as current	ly filed with the Florid	la Dept. of State)H 10 P 1: 38
PI	-000091	0003		
	(Document Number of	of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this	: Florida Profit Corpor	ation adopts the t	following amendment(s) to
A. If amending name, enter the new name	of the corporation:			
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation	n "Corp." "Inc." or	"Co". A professional	incorporated" o corporation nam	r the abbreviation
word "chartered," "professional association.	or the appreviation	11010	ia \	1 1 18
B. Enter new principal office address, if an (Principal office address <u>MUST BE A STRE</u>		#70	W. Sto	ite Boad C
		Davie,	FL 33:	325_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		113521	N. Stat	e Road 84
		Davie,	FL 33.	325
D. If amending the registered agent and/or new registered agent and/or the new re			the name of the	
Name of New Registered Agent				· · · · · ·
	(Florida s	treet address)		
			40. 11	
New Registered Office Address:		(City)	, Florida_	(Zip Code)
		· serger		
New Registered Agent's Signature, if chan-				
hereby accept the appointment as registered	l agent. – Lam familiar	with and accept the ob	ligations of the p	osition.

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: $V = Vice\ President$: 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.

Mike Jones, V as Remove	e, and Sa	lly 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)	<u>Title</u>	Name 2	Address
1) Change Add Remove		Georgia C. Roth	11352 W. State Road 8 # 70 Davie FL 33325
2) Change Add			
Remove			
3) Change Add Remove			
4) Change			
Add Remove			
) Change Add	_		
Remove Change			
Add			
Remove			

•	(Be specific)
<u></u>	
· · · ·	
<u> </u>	
'an amandmant arouides for an ara	shangs realistication are annuallation of issued shares
arrayisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	 .

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if 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 dateoument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statements be separately provided for each voting group entitled to vote separately on the amendment(s):	ent en
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
tvoting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated January 3, 2018	
Signature My Wood	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other cou	rt
appointed fiduciary by that fiduciary)	
Matthew Koth	
(Typed or printed name of person signing)	
President	
(Title of person signing)	