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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: Danell Brows Corp)		
DOCUMENT N				
The enclosed Ar	ticles of Amendment and fee are su	bmitted for fili	ng.	
Please return all	correspondence concerning this ma	itter to the follo	wing:	
	Luz Danelly Pedroza Duque			
		Name of Co	ontact Person	
	Danell Brows			
		Firm/ (Company	
	9490 NW 41st Apt. 125			
		Ad	dress	
	Miami, Fl 33178			
		City/ State	and Zip Code	
	danelly157@gmail.com			
	E-mail address: (to be u	sed for future a	nnual report	notification)
For further infor	mation concerning this matter, plea	ise call:		
Luz D. Pedroza	Duque	at	954	_) 258-3851
	Same of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a ch	eck for the following amount made	payable to the	Florida Depa	artment of State:
S35 Filing I	Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 F Certified (Additional centrologed)	Copy Loopy is	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 FEB -2 PM 5: 32

DANELL BROWS CORP		£0111122 Z 177 G 1		
(Name o	f Corporation as currentl	y filed with the Florida Dept. of STATE		
P18000019682		TALLARASSER.FL		
	(Document Number o	f 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	ime of the corporation:			
		The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Sorp," "Inc," or "Co". /	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
		9490 NW 41st Apt. 125		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	Miami, Fl. 33178		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9490 NW 41st Apt. 125		
(Mulling dudiess Mills DE 18 1 OST	<u>01.1.6.2.2.2.2.</u>	Miami, Fl. 33178		
D. If amending the registered agent ar	nd/or registered office add	ress in Florida, enter the name of the		
new registered agent and/or the new		<u>Si</u>		
Name of New Registered Agent	Luz D Pedroza Duque			
· ·	9490 NW 41st Apt. 125			
	(Florida st	rect address)		
N. D. C. LANG. Allermon	Miami	, Florida 33178		
New Registered Office Address:		(City) (Zip Code)		
New Registered Agent's Signature, if o	hanging Registered Agen	<u>u</u>		
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of the position.		
		(////)		
	\mathcal{L}			
	Signature of New I	Registered Agent, if changing		
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). 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)

Example:

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.

X Change	<u>PT</u>	John Dog	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>ŞV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PT	Nelson Gonzalez	1500 SW 67th Ave
Add	-		Miami, Fl 33144
Remove 2) Change	РТ	Luz D Pedroza Duque	9490 NW 41st Apt. 125
Add Add			Miami, FL. 33178
Remove Change			
Add			
Remove 4) Change			
Add			
5) Change			
Add			
6) Change			
Add			

(Be specific)				
				
				
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ange, reclassifica	tion, or cancellat	on of issued shares.		
ndment if not con	tained in the amo	endment itself:		
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	nange, reclassifica	tange, reclassification, or cancellatindment if not contained in the amo	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

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The date of each amendment(s)	12/17/2020 adoption:	, if other than th
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the l	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☑ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following stoor each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by N/A	<u>,</u>	
0,	(voting group)	
Dated	12/17/2020	
Signature	I de la company	
selec	director, president or other officer – if directors or officers have not be need, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	Luz D. Pedroza Duque	
	(Typed or printed name of person signing)	4.
	PT	

(Title of person signing)