P1800038233

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ANT ANTASSEE FLORIDA

AUG 0 7 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	DA GROUP, INC	
DOCUMENT NUMB	P18000038233	, , , ,	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MARCELA LAVERDE		
		Name of Contact Persor	1
		Firm/ Company	
	16441 SAPPHIRE PLACE		
	WESTON, FL 33331	Address	
	<u> </u>	City/ State and Zip Code	e
I AVF	RDE956@HOTMAIL.CON	1	
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MARCELA LAVERDE		954 at (, 294-1843
Name o	of Contact Person	Area Code & Daytime Telephone N	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

TOSOSIO	londo Caro	io. Inc.	
P1800053	Sa33	filed with the Florida Dept. of State)	
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fl	lorida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation name	the abbreviation must contain the
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S	TREET ADDRESS)		基金
			A T
C. Enter new mailing address, if appli			Sign on m
(Mailing address MAY BE A POST)	<u>OFFICE BON</u>)		
			<u>်ႏုံ ယ</u>
		•	₩ ₩ ₩
D. If amending the registered agent an		ss in Florida, enter the name of the	
new registered agent and/or the new	MARCELA LAVERDE		
Name of New Registered Agent			
	16441 SAPPHIRE PLACE	=	
	(Florida stree	a address)	
New Registered Office Address:	WESTON	33. , Florida	3331
MEN REGISTER OF THE TANKEN	(6	City	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	ich and anamer the obligations of the nor	cition
Thereby accept the appointment as regis.	ierea ageni i am jamiiiar wi •	ин ана ассері іне ониданоня од іне рог 	issecut,
		lAlq	
	Signature of New Re	gistered 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.

Example: X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	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	PACHECO JAIRO	16441 SAPPHIRE PLACE	
Add			WESTON FL 33331	
X Remove				
2) Change				
Add				
Remove				
3) Change	_			
Add				
Remove			<u></u>	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
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	ng additional Arti cets, if necessary),	(Be specific)			
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	08/02/2018	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
	2/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme fficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
8/02/2018		
DatedSignature		
selected	rector, president or other officer – if directors or officers have not be l, by an incorporator – if in the hands of a receiver, trustee, or other c ed fiduciary by that fiduciary)	
	MARCELA LAVERDE	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	