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SECRETARY OF STATE OF

UN OF 2018

## **COVER LETTER**

SECRETARY OF STATE SIVISION OF CORPORATION

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

2818 JUN -4 AM 11: 28

NAME OF CORPORATION:	PINC.
DOCUMENT NUMBER: PISON	0 49146
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	eer to the following:
Temeter	Name of Contact Person
DRYP	Name of Condition Person
1197056	NITO STRUCT
Miami	. Address
E-mail address: (to be use	City/ State and Zip Code  CORDO ROHED GOMGII. COM  ed for future annual report notification)
For further information concerning this matter, please	e call:
Oddlys Santus Name of Contact Person	at (305) 883 1129 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
S35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATION

DRIPPINC.	2010 JUN -4 AM 11: 26
Name of Corporation as currently files	with the Florida Dept. of State)
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	la Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	DYP, TNC: The new
name must be distinguishable and contain the word "corporation," " "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:	A professional corporation name must contain the
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:  Name of New Registered Agent	Tewelene Menese
New Registered Office Address: MANN (City)	17651 (ress) (L. , Florida 33177 (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. 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:	2	, 0,,,,,,		
X Change	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Su	<u>uith</u>	
Type of Action (Check One)  1) Change	Title		Dewelene	Address 11970 SW17657
Add Remove			Moneses	Miami, FL33177
2)	CE	D	Odalys Santos	18860 NW57m APT. 107
Remove 3) Change		-		Miami Gaedens, FL33
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)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date 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 date will document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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 for the amendment(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.	
Signature Additional Signature	
(By a director, president of other officer -/if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Jewelene Meneses	
(Typed or printed name of person signing)	
PRESIdent	
(Title of person signing)	