P180000 91394

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Amend

JUL 1 2 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DZ1LFO Multi Global Conglomerate Inc DOCUMENT NUMBER: P18000091394 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Debbie L. Childers Name of Contact Person DA Accounting Inc. Firm/ Company 4534 Waring Road Address Lakeland FL 33811-2834 City/ State and Zip Code daaccounting@msn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debbie L Childers 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 (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

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 Amendment

Articles of Incorporation

of

DZILFO MULTI GLOBAL CONGLOMERATE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000091394

(Document Number of Corporation (if known)

. If amending name, enter the new name of the c N/A	<u>orporation.</u>		474
ame must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o," "Inc," or "Co". A professiona	"incorporated" or il corporation name	The the abbrevial must contain
. Enter new principal office address, if applicable	e:	N/A	
Principal office address MUST BE A STREET AD		N/A	
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	N/A	
		N/A	
If amending the registered agent and/or registe	ered office address in Florida, ente	N/A	
. If amending the registered agent and/or registeness new registered agent and/or the new registered Name of New Registered Agent		N/A	
new registered agent and/or the new registered	l office address:	N/A	
new registered agent and/or the new registered	l office address: N/A	N/A	
new registered agent and/or the new registered	l office address: N/A N/A	N/A	N/A
Name of New Registered Agent	N/A N/A (Florida street address)	N/A r the name of the	N/A (Zip Code)

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 officer

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 Propose and Sally Smith, SV as an Add

Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change <u>PT</u> John Doe X Remove <u>v</u> Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Address Title Name (Check One) 4800 THUNDERBIRD ROAD OP AUSAF, NIAZ 1) ____ Change SEBRING FL 33872 Add Remove 2) ____ Change ____ Add ____ Remove 3) Change 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)				
N/A				
pr	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
N/A				

	JUNE 24, 2019	
The date of each amendment(s) a		_, if other than th
date this document was signed.	W.N.M. 0.00.0	
Effective date <u>if applicable</u> :	JUNE 24, 2019	
meetive date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
Dated	JUNE 24, 2019	
Signature	director, president or other officer – if directors or officers have not been	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	BEIJIN BARAN	
	(Typed or printed name of person signing)	
	VP OF RESEARCH	
	(Title of person signing)	