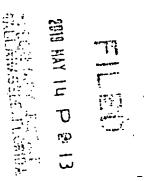
## P180000 95872

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L MERCERY WK 51 DD

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DET ENTERPHISE Group, Inc.
DET ENTERPHSE Group, Inc.  DET ENTERPHSE Group, Inc.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel Chee  Name of Contact Person
Dit Enterprise Growp, Inc.
2710 NW JIND Avenue
Mami, Fe 33122
City/ State and Zip Code
E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Daniel Chie at (786) 534-299 o  Name of Contact Person Area Code & Daytime Telephone Number
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:
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	θf	
	iY Enterphs	e Group, IAG.
(Name o	f Corporation as currently f	filed with the Florida Dept. of State)
PI	800009587	]
		Corporation (if known) 2013 HAY 14 P 2 13
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the .A."
B. Enter new principal office address,	if applicable:	5085 NW 1th Street
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	Unit# 1507
	1	Mami, IL 33116
C. Enter new mailing address, if applie (Mailing address MAY BE A POST)		P.O. Box 51-4096
		Miami, FC 33152
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the
Name of New Registered Agent		
	(Florida street	a addressed
	(Piorida sireet	i uaur(ss)
New Registered Office Address:	(6)	, Florida
	(C)	ny) (ztp Code)
New Registered Agent's Signature, if cl		
I hereby accept the appointment as regist	éred agent. I am familiar with	th and accept the obligations of the position.

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.

Example: <u>X</u> Change	PT John I	<u> </u>	
X Remove	V Mike	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			<del></del>
Remove		./ [	<u> </u>
2) Change		41,	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 69			
6) Change			<del></del>
Add			
Remove			

f amending or adding additional A Attach additional sheets, if necessar	v). (Be specific)
	<del>                                      </del>
f an amendment provides for an e	exchange, reclassification, or cancellation of issued shares, unendment if not contained in the amendment itself:
(if not applicable, indicate N/A	)
<del></del>	
	1
<del></del>	'

The date of each amendment(s) adopt	on:	_, if other than the
date this document was signed.  Effective date if applicable:	5/1/2019	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ant for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 5/8	8/2019	
	Throng Chal	_
` , ,	1' / 1	
	iduciary by that fiduciary)	
	CURISTY CHOE	
	(Typed or printed name of person signing)	
	PRESIDENT	
Signature (By a direct selected, by	or, president or other officer – if directors or officers have not been ran incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)  OURITY CHOE  (Typed or printed name of person signing)	