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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Diamond Retail En	nterprises, Inc.		
DOCUMENT NUM	P19000011404			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Kim Mitchell			
		Name of Contact Persor	1	
	n/a			
	·	Firm/ Company		
	3510 Kraft Road			
		Address		
	Naples, FL 34105			
		City/ State and Zip Code	2	
	kimjmitchell@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
	. <u> </u>	at ()	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
	iling Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
DA Los 6327		The Centre of Tallahassee		

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Diamond Retail Enterprises, Inc.		
(Name of Corporation	n as currently filed with the Fl	orida Dept. of State)
P1900001140 1		
(Docume	ent Number of Corporation (if kr	nown)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the con	poration:	
		The new
name must be distinguishable and contain the word "cor"Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional cor	poration name musi contain the word
B. Enter new principal office address, if applicable:		7.0.7
(Principal office address MUST BE A STREET ADD	REȘS)	7.070 HAR
		
	<u> </u>	ည် ——————————
C. Enter new mailing address, if applicable:		PM
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	<u> </u>
		0
		9
		 _
D. If amending the registered agent and/or register	ed office address in Florida, er	nter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		
Name of New Registered Agein		-
	(Florida street address)	
		_, Florida
New Registered Office Address:	(City)	Zip Code)
	•	
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept th	e obligations of the position.
Sime	ture of New Registered Agent, i,	chanving
Mgri	and a life to a confidence on the confidence of	er e

Check if applicable

 \Box 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)

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)	Р	Koby Yacov Moosa	3510 Kraft Road
1) Change			Naples, FL 34105
X Add			
Remove	P	Nir Sharon Revocable Trust	3510 Kraft Road
2) Change			Naples, FL 34105
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ch additional sheets, if necessar	Articles, enter c y). (Be specifi	c)			
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			anllatio	n of issued sha	res.
an amendment provides for a provisions for implementing th	<u>n exchange, rec</u> e amendment if	<u>lassification,</u> f not containe	or cancenationed in the amen	dment itself:	
(if not applicable, indicate N	<i>!/</i> .4)	<u> </u>			
	_				

March 19, 2020

The date of each amendment(s) ado	ption:	, it 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 bloc document's effective date on the Department.	ck does not meet the applicable statutory tiling requirements, the rtment of State's records.	nis date will not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendr cient for approval.	nent(s)
	ved by the shareholders through voting groups. The following st ch voting group entitled to vote separately on the amendment(s).	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
3/19/2020		
Dated		
Signature		
(By a dire selected.	ctor, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
N	ir Sharon	
_	(Typed or printed name of person signing)	······
P	esident	
-	(Title of person signing)	