## P19 ()00013083

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04/11/22--01040--013 \*\*35.00



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: High Pine Enterpri	ses, Inc.			
DOCUMENT NUM	P10000013083	<del></del>			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Eduardo Silva				
	Name of Contact Person				
	High Pine Enterprises, Inc				
	Firm/ Company				
	7901 Kingspointe Pkwy #28				
	Address				
	Orlando, FL 32819				
		City/ State and Zip Code	•		
	etlaexpress@outlook.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Eduardo Silva		at (415-505-59	51,		
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:		
\$35 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)		
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to

to Articles of Incor of	poration	SECR TALLA	2022 A	
		<b>王四</b> 決盟	PR	
(Name of Corporation as currently	iled with the Florida Dept. of State)	<del>- 67.72</del>	=	1
High Pine Enterprises, Inc		<u> </u>	PH	. n
(Document Number of C	Corporation (if known)	<u> </u>	<u></u>	O
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	orida Profit Corporation adopts the fo	ollowing l		lment(s) to
A. If amending name, enter the new name of the corporation:				
Dunamis Enterprise, Inc		7	The i	
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proceed to the contained of	mpany," or "incorporated" or the abb professional corporation name must	reviation	"Corp	D., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
		<u>-</u>		_
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the			_
new registered agent and/of the new registered office address:				
Name of New Registered Agent				
(Florida street	address)			
New Registered Office Address:	, Florida			
(C	ity)	(Zip Co	de)	-
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the po	sition.		
Signature of New Reg	istered Agent, if changing			

Check if applicable

☐ 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.

<u>PT</u>	John Doe	
<u>v</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
		_
		-
	<u>v</u> <u>sv</u>	V Mike Jones SV Sally Smith

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
7.	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)
_	
-	

	04/01/2022	• •
The date of each amendment(s) add this document was signed.	loption:	, if other than th
04/0 Effective date <u>if applicable</u> :	1/2022	
	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory fi partment of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of director	's without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of vote fficient for approval.	es cast for the amendment(s)
	roved by the shareholders through voting grot each voting group entitled to vote separately of	
"The number of votes cast	for the amendment(s) was/were sufficient for	approval
by	(voting group)	
	(voting group)	
4/1/2022		
Dated		
Signature Ed	rado Sila	
selected	rector, president or other officer - if directors i, by an incorporator - if in the hands of a rece ed fiduciary by that fiduciary)	
	Eduardo Silva	
	(Typed or printed name of person s	signing)
	President	
	PIESIDE - + (Title of person signing)	<del></del>

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