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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO | RATION: DEBONNWA INC | ORPORATED | |
|--|--|---|--|
| | IBER: P19000024194 | | |
| The enclosed Article. | s of Amendment and fee are sul | omitted for filing. | |
| Please return all corre | espondence concerning this mat | ter to the following: | |
| | Mackenzie St Lot | | |
| | | Name of Contact Perso | n |
| | DEBONNWA INCORPORA | TED | |
| | | Firm/ Company | |
| | 797 NE 85 ST | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | MIAMI / FLORIDA 33138 | | |
| | | City/ State and Zip Cod | c |
| DEB | SONNWA@GMAIL.COM | | |
| | | ed for future annual report | notification) |
| | | • | · |
| For further information | on concerning this matter, pleas | e caff: | |
| MACKENZIE ST LO | тс | at (305 | 924-7602 |
| Name | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check f | or the following amount made p | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | ☐S43.75 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) |
| | niling Address | · · · · · · · · · · · · · · · · · · · | Address |
| Amendment Section Division of Corporations | | | Iment Section on of Corporations |
| | D. Box 6327 | | Building |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

DEBONNWA INCORPORATED

FILED

| (Name | of Corporation as curren | tly filed with the Florida Dept. of State) |
|---|---------------------------|---|
| P19000024194 | | 题 SEP 19 P 是 3. |
| | (Document Number | of Corporation (if known) 11 1174 1 14 5 1177 1 17 1 17 17 17 17 17 17 17 17 17 |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | | s Florida Profit Corporation adopts the following amer |
| A. If amending name, enter the new n | ame of the corporation: | |
| N/A | | 'The |
| | nation "Corp," "Inc," or | ion," "company," or "incorporated" or the abbrevic "Co". A professional corporation name must contain |
| B. Enter new principal office address, if applicable: | | 5790 RODMAN STREET UNIT 9 |
| (Principal office address <u>MUST BE A S</u> | | HOLLYWOOD, FL 33023 |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A |
| | | - - 1 |
| D. If amending the registered agent ar new registered agent and/or the ne | | |
| Name of New Registered Agent | | |
| i wile of her hegisteres highin | . , , , | |
| | (Florida s | street address) |
| New Registered Office Address: | N/A | , Florida N/A |
| | | (City) (Zip Code) |
| | | |
| New Registered Agent's Signature, if c | | |
| t hereby accept the appointment as regis | ierea ageni i am jamiliar | r with and accept the obligations of the position. |
| | | |
| · | C | D |
| | Signature of New | Registered Agent, if changing |

| P = President; V = Vic Executive Officer; CF6 held. President, Treasu | director title e President O = Chief I wer, Directo | e by the first letter of the office title: ; T= Treasurer; S= Secretary; D= Director; Financial Officer. If an officer/director holds or would be PTD. | s more than one title, list the first letter o |
|---|--|---|--|
| a change, Mike Jones i | leaves the c | llowing manner. Currently John Doe is listed orporation, Sally Smith is named the V and S. ly Smith, SV as an Add. | |
| X Change | PT | John Doe | |
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | • |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VT | JEAN K ST LOT | 797 NE 85 ST |
| Add | | | MIAMI, FL 33138 |
| X Remove | | | |
| 2) Change | VT | MAUREEN CASSEUS | 6260 S FALLS CIRCLE DR |
| X Add | | | APT 306 |
| Remove | | | LAUDERHILL, FL 33319 |
| 3) Change | SPTD | JIMMY DORVIL | 797 NE 85 ST |
| X Add | | | MIAMI, FL 33138 |
| Remove | | | <u>. </u> |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | <u> </u> |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title address of each Officer and/or Director being added:

| H. It amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|--|--|
| N/A | |
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| 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) | 1 |
| N/A | l |
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| | N/A | h h |
|---|---|--|
| The date of each amendment(s) a date this document was signed. | | , if o |
| 09- | 15-2019 | |
| Effective date if 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 wite partment of State's records. | II not be |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ad by the shareholders was/were s | lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): | ļ |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval | t |
| by | (voting group) | |
| | (voting group) | |
| action was not required. | lopted by the board of directors without shareholder action and shareholder | |
| action was not required. | lopted by the incorporators without shareholder action and shareholder | , |
| Dated | 9-15-2019 | |
| Signature | ACT | |
| select | 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) | |
| | MACKENZIE ST LOT | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | ' |
| | (Title of person signing) | ···· |