## P190000 41685

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## **COVER LETTER**

TO: Amendment Section Division of Corporations Depilais, Corp NAME OF CORPORATION: P19000041685 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GARCIA, AISKERLYN Name of Contact Person Depilais, Corp. Firm/ Company 2365 CEDAR GARDEN DR Address ORLANDO, FL 32824 City/ State and Zip Code depilais@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GARCIA, AISKERLYN 482-0535 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

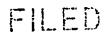
Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Depilais, Corp			2010 JUL 15 A	II: 49
(Name of Corporation as current	tly filed with the Florid	la Dept. of State)		
P19000041685			: CCFTALY UF C FALL AMASCEE, EL	TLTĮ JORGO A
(Document Number	er of Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, FI Incorporation:	lorida Statutes, this corp	poration adopts the	following amendment(s	s) to its Articles of
A. If amending name, enter the new name of the	ne corporation:			
Depilais Corp				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co"	. A professional c	ncorporated" or the a orporation name must (	bbreviation contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.				-
C. Enter new mailing address, if applicable:	-			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>- BOX</u> ) 			-
D. If amending the registered agent and/or reg new registered agent and/or the new register		in Florida, enter tl	ne name of the	
Name of New Registered Agent			<del></del>	
	(Florida street	address)		
New Registered Office Address:		, F	lorida	
	(City)		(Zip Code)	•
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obli	gations of the position.	
Signature o	of New Registered Agen	t, 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				<del></del>
Remove				

f amending or adding additional Arti- (Attach additional sheets, if necessary).	. (Be specific)
	<u> </u>
<u> </u>	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:
(if not approcable, indicate (ssr)	
<del></del>	
<del></del>	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
07/09/201	9	
Dated		
selecte	irector president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	GARCIA, AISKERLYN	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	