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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 1) at 1	Defiveries inc
DOCUMENT NUMBER: P190000	50784
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
John	Name of Contact Person
Dart D	PETIVENIED INC Firm/Company
<u> 3100/ Ju</u>	Address On the Address
<u>Guines vill</u>	City/ State and Zip Code
<u>Confact</u> () E-mail address: (to be u	, dart-deliveries. Com sed for future annual report notification)
For further information concerning this matter, plea	ase call:
John Sunsone	at (772) 380 - 7142 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 \$\Bigcup \$\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A "chartered." "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
		7.007
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_N\A	38
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		-11 3: 56 -
Name of New Registered Agent NA	·	
(Florida stre	vet address)	
New Registered Office Address: NA	Florida	
. •	(City) (Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
NA		
Signature of New Re	egistered Agent, if changing	

☐ 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: X Change	<u>PT Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>y</u>	tike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	NP	Juson Sauls	2801 Sw 23cd Blod, Chainesville, Florida
Add			Chainesville, Florida
X Remove			32405
2) Change		-	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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an amendment pr	ovides for an exchang	e, reclassification,	or cancellation of	issued shares,	
if not applicabl	ementing the amenda e. indicate N/A)	nent if not containe	ed in the amendme	nt itsell:	
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The date of each amendment(s) adop	tion:	, if other than th
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 block document's effective date on the Depart	t does not meet the applicable statutory filing requirement tment of State's records.	ts, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte action was not required.	I by the incorporators, or board of directors without shareh-	older action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amient for approval.	endment(s)
	ed by the shareholders through voting groups. The following h voting group entitled to vote separately on the amendment	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	,. .	
, 	(voting group)	
(By∧d direc selected, b	or pesident or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, or officery by that fiduciary)	not been other court
	_ *	
	Tohn Sunsone (Typed or printed name of person signing)	
	President	
	(Title of person signing)	