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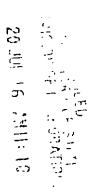
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DCC/(S)	of Crlando INC
DOCUMENT NUMBER: 7 3 0000	040890
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	r to the following:
Proula 13	semis
Docks	Name of Contact Person Firm/ Company
46246	AGUATER DY Address
Cyland	City/ State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please c	eal!:
Jan la Zuns	at (970) 100 2509
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	rable to the Florida Department of State:
Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation** of

D 300000 40890		
(Document Number of Corporation (if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following s Articles of Incorporation:	g amer	ndment(s)
. If amending name, enter the new name of the corporation:		
ume must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain chartered," "professional association," or the abbreviation "P.A."	_The n "Co i the v	rp "
. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		_
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Lift amending the registered agent and/or registered office address in Florida, enter the name of the		-
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida street address)		_
New Registered Office Address: Florida	.s .s	- 4
(City) (Zip C	ode)	•
		3 23 =
ew Registered Agent's Signature, if changing Registered Agent:	-,	1
CW REPORTED TO DE SANCTOR A CHARLES OF THE CONTROL		S.AT.
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		-
		:.
		:,

☐ 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	PT John l	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	MYSUPS	5 Shohie Stas	Cowski 8955 Docklington
Add	') II	WITH CAPICITY /
Remove		1)0,000 5	34787
2) Change		JULISM D	taskaeski
Add			5955 Itadiytan U
Remove 3)Change			Undreguden H
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	
an amendment provides for an excharovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

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; The date of each amendment(s) ad	option: DMI	32020	, if other than the
date this document was signed.			, it other than the
Effective date <u>if applicable</u> :	/W/13'2C	120	
	(no more than 90 d	ays after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep		le statutory filing requirements, this dat	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopaction was not required.	pted by the incorporators, or boa	ard of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf		umber of votes cast for the amendment(s	s)
		gh voting groups. The following stateme te separately on the amendment(s):	ent
"The number of votes cast f	for the amendment(s) was/were s	sufficient for approval	
by		<u>,,,</u>	
	(voting group)		
Dated Signature	137920 1 SM16	1	
(By a di		- if directors or officers have not been	
		ands of a receiver, trustee, or other court	t
appoints /	ed fiduciary by that fiduciary)	or, 5 Carpson	5 Viather
	Typed or printed nan	ne of person signing)	
-	1 residence) [[]n/	Suig
	(Title of person signir	ng)	