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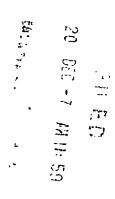
((Requestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO)RPORA	TION: D & L RESIDENT	IAL REPAIR CORP	
DOCUMENT	NUMBE	R: P20000070132		
		Amendment and fee are sul	bmitted for filing.	
Please return al	ll correspo	ondence concerning this made	ner to the following:	
	R	CARDO J DIEGUEZ MOR	₹A	
		_	Name of Contact Persor	ı
	D	& L RESIDENTIAL REPA	AIR CORP	
			Firm/ Company	
	10	30 SW 124 PL		
	_		Address	- 1
	M	iami, FL 33175		
	-		City/ State and Zip Code	2
	rie	eardojdm64@hotmail.com		
	_		ed for future annual report	notification)
For further info		oncerning this matter, pleas	se call: at (937-2943
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a c	heck for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing	Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (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

D & L RESIDENTIAL REPAIR CORP

P20000070132 (Document Number of Corpo	
(Document Number of Corpo	
·	ration (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
D & L LIMITED RESIDENTIAL REPAIR CORP	The _new
name must be distinguishable and contain the word "corporation," "compan "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A profes "chartered," "professional association," or the abbreviation "P.A."	y, "or "incorporated" or the abbreviation "Corp.," ssional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NX
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NH
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the 1/2 2
Name of New Registered Agent	
(Florida street addr	21.
New Registered Office Address: (Cuty)	Florida (3)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add		_	
Remove		1/4	
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6)Change			
Add			
Remove			

mending or adding additi ach additional sheets, if ned	essary). (Be sp	ecific)			
					
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			41 .*		
n amendment provides for ovisions for implementin	or an exchange, r r the amendmen	<u>'eclassification, o</u> Lif not contained	r cancellation of in the amendm	issued snares, ent itself:	
(if not applicable, indica	te N/A)		<u> </u>		
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	<u></u>				
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The date of each amendment(s) adoptio	n·	XIX	, if other than the
date this document was signed.		11-	
Effective date <u>if applicable</u> :	(no more than 9	N. I. K. 0 days after amendment fi	le date)
Note: If the date inserted in this block d document's effective date on the Departm		rable statutory filing requi	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted baction was not required.	y the incorporators, or l	board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		e number of votes east for	the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	coting group entitled to	vote separately on the am	following statement endment(s):
"The number of votes east for the	: amendment(s) was/we	re sufficient for approval	
by	(voting group)	·	•
selected, by a	2020	cer – if directors or officer e hands of a receiver, trus	
	Cordo I (Typed or printed)	name of person sighing)	fora
	Presiden	+	
	(Title of person sig	gning)	