## P200000 71888

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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	AATION: DPM J TERMINA	AL CLEANING CORP	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	JORGE L MONSALVE		
		Name of Contact Persor	
		Firm/ Company	
		Address	
	7843 RAINTREE DR		
		City/ State and Zip Code	2
	NEW PORT RICHEY FL ,34	1653	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
JORGE MONSALVE		at (	244-0787
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section in of Corporations entre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## D P M J TERMINAL CLEANING CORP

Tranic Of Colouration as Culterior filed with	the Florida Dept. of State)
P20000071888	,
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	ofit 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," "company," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A profession "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	. 20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>α</u>
	<u> </u>
	D: 2
	<del></del>
D. If amending the registered agent and/or registered office address in Flor	rida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	<del></del>
New Registered Office Address:(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—I am familiar with and ac	except the obligations of the position.
Signature of New Registered A	lgent, if changing
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	P	DORA L RIOS TRUJILLO	7843 RAINTREE DR
X Add			NEW PORT RICHEY FL .34653
Remove			Acceptance in the state of the
2) Change	þ	JORGE L MONSALVE	7843 RAINTREE DR
Add			NEW POR RICHEY FL ,34653
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addii</i>	or adding additi ional sheets, if nee	cessary). (Be	specific)			
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fan aman	lment provides fo	ar an arabanaa		n or cancellatio	n of icenad cha	TO!
nrovisions	for implementin	o the amendm	ant if not conta	ined in the amo	ndment itself:	163,
(if not	for implementing applicable, indica	te N/4)	tiit is not conta	nica <u>m</u> vnc ame	idinem nacm.	
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The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder actio	n and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s ficient for approval.	)
	roved by the shareholders through voting groups. The following stateme, each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/21/2020		
Dated		
Cimonton	-	
	rector, president or other officer - if directors or officers have not been	<del></del>
	l, by an incorporator — if in the hands of a receiver, trustee, or other court ed tiduciary by that fiduciary)	
•		
	JORGE L MONSALVE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del> -