Pa10000 42085

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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PICK-J	² WAIT MAI	IL.
	(Business Entity Name)	
	(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: D&D INVESTME	NT CORP		
DOCUMENT NUMB	ER: P21000042085			
	of Amendment and fee are su	bmitted for tiling.		
Please return all corres	pondence concerning this ma	tter to the following:		
	RAFAELA T SOSA			
-		Name of Contact Persor	· · · · · · · · · · · · · · · · · · ·	
	IBI ACCOUNTING SERVICE	CES INC		
-	·	Firm/ Company		_
	10544 NW 26TH ST STE E-	202		
•		Address		
	DORAL FL 33172			
•		City/ State and Zip Code	•	
1	rafaelasosa l@yahoo.com			
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
RAFAELA T SOSA		at (_) 219-6619	
Name o	f Contact Person	Area Co	de & Daytime Telephone Num	ber ·
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
(\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address Induction Section Identification of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

2021 MAY 27 FF 2: 2

Articles of Amendment to Articles of Incorporation of

D&D INVESTMENT LLC

(Name of Corporation as curren	ttly filed with the Florida Dept. of State)	
P21000042085			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the fo	ollowing ame	ndment(s)
A. If amending name, enter the new name of the corporation:			
D&D INVESTMENT CORP		The	new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".	A professional corporation name must	reviation "Co	rp.,"
"chartered," "professional association," or the abbreviation "P.A	."	#2 ************************************	202
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	N/A	Τ. Σ.	ĀΥ
			-27
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	-	ζ; γ.
(Maining address MAT BE A POST OFFICE BOX)			<u> </u>
			Ç.
			_
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 	dress in Florida, enter the name of the ss:		
N/A	12.		
Name of New Registered Agent			
(Florida s	street address)		
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ager	at;		
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the po	sition.	
6:	D		
Signature of New	Registered Agent, 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 us an Add.

X Change	PT John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Renove			
Add			2 2
Remove			2021 HA)
4) Change			27
Add			
Remove			<u> </u>
5) Change			· N
Add			
Remove			
6) Change			
Add			
Remove			

nending or adding additional Articles, enter change(s) here:	
ch additional sheets, if necessary). (Be specific)	
	
	· — · — ·
amendment provides for an exchange, reclassification, or cancel	Nation of iccord shows
isions for implementing the amendment if not contained in the a	amendment itself:
(if not applicable, indicate N/A)	
	#
A1 / A	
N/A	<u></u>

	MAY 3, 2021	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
-		
Effective date if applicable:	(no more than 90 days after amendment fi	le date)
	(All more man / o tia, o ajie v umenimori y i	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requi department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	lopted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes east for sufficient for approval.	the amendment(s)
- · · · · · · · · · · · · · · · · · · ·	proved by the shareholders through voting groups. The jreach voting group entitled to vote separately on the ana	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
MAY 27, Dated	2021	
Signature K	afaila T. Son	
(By a c	director, president or other officer – if directors or officer	
	ed, by an incorporator – if in the hands of a receiver, trust nted fiduciary by that fiduciary)	lee, or other court
прукли		
	RAFAELA T SOSA	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	

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