P21000092999

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JAN 07 2022 LALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ____ Dallys Naples, Inc. DOCUMENT NUMBER: P21000092999 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dallys Novarina Name of Contact Person Dallys Naples, Inc. Firm/ Company 7582 Blackberry Drive Address Naples, FL 34114 City/ State and Zip Code dallys@germantowntitle.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dallys Novarina Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Dallys Naples, Inc.			
(Name o	of Corporation as currently	filed with the Florida Dept	t. of State)
P21000092999			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Slorida Profit Corporation ac	dopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp," "Inc," or "Co". A		or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:		20
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			10 mm 10 mm
			•
C. Enter new mailing address, if appl	icable:		-n -:1
(Mailing address MAY BE A POST OFFICE BOX)			<u>::</u>
			<u>က</u> ငန
			_
		•	
D. If amending the registered agent ar		ess in Florida, enter the nai	me of the
new registered agent and/or the new			
Name of New Registered Agent	Sandra Novarina		
	7582 Blackberry Drive		
	(Florida stre	et address)	
New Registered Office Address:	Naples		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if collaboration I hereby accept the appointment as registered.		ith and accept the obligation	es of the position.
4			
	Signature of New Re	gistered 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 as an Add.

Example: 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)	Title	Name	<u>Addres</u> s
1) X Change	P	Sandra Novarina	7582 Blackberry Drive
Add			Naples, FL 34114
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			 -
Add			
Remove			

E. <u>If amending or ado</u>	<u>ling additional Artic</u>	cles, enter cha	inge(s) here:			
(Attach additional si	heets, if necessary).	(Be specific)	.			
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F. <u>If an amendment j</u>	<u>provides for an exch</u>	<u>ange, reclassi</u>	fication, or car	ncellation of iss	ued shares,	
provisions for im	plementing the amer	ndment if not	contained in t	<u>he amendment</u>	<u>itself:</u>	
(if not applica	ble, indicate N/A)					
			<u> </u>			
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	- ·					
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and the second of the second

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requiremed epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a ufficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow r each voting group entitled to vote separately on the amendm	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
November Dated	24, 2021	
Signature	director, president or other officer – if directors or officers hav	
	director, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, o	
	nted fiduciary by that fiduciary)	i onivi vouti
	Sandra Novarina	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	