P2200036527

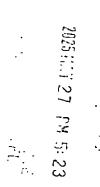
(Requestor's Name)	
(Address)	_
· ·	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
T FICK-OF T WANT	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Certificates of Status	
Special Instructions to Filing Officer:	
	ł
	_

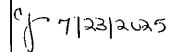




900451227459

05/27/25--01026--008 **35.00





COVER LETTER

TO: Amendment Section Division of Corpora	itions	/ /	1	+1
NAME OF CORPORA	TION: DAMA	lam/ 100	Incorpora	!led
DOCUMENT NUMBE	:R: <u> </u>	000036	527	
The enclosed Articles of	"Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
_	Leonard	Name of Contact Person	pagna	
-	Naple	Firm/ Company Address City/ State and Zip Cod	/	
_	/	d for fundre annual report	notification)	_
For further information of	concerning this matter, pleas	se call:		_
Name of	Contact Person	<u>M </u>	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen	ng Address dment Section on of Corporations	Amend	Address ment Section n of Corporations	

The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

BAMA /K	Ma loo Name of Corporation	of	/		
	". CA 1 0 0	-L	ncor	Poti	tel
· (Name of Corporation	as currently file	d with the Florida	Dept. of State	2)
	P 2200	2003	$\frac{3652}{\text{poration (if known)}}$	7	
	(Documer	n Number of Cor	poration (if known)) ·	
			1 N 2 2	. , ,	following amendment(s) t

(Name of Corporation as current	ly filed with the Florid	Dept. of State)		
P 120001	7/51	9		
(Document Number of	of Corporation (if knows	n)	<u>-</u>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corpora	ation adopts the fe	ollowing am	endme
A. If amending name, enter the new name of the corporation:				
			The	, new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corpore			
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
comming address government of the brook				
maning address <u>man man out out the book</u>		- · · · ·		
maning address of the control of the		· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registered office ade		the name of the		
		the name of the		
D. If amending the registered agent and/or registered office ado new registered agent and/or the new registered office addres				
D. If amending the registered agent and/or registered office adonew registered agent and/or the new registered office address Name of New Registered Agent	<u>s:</u>			
D. If amending the registered agent and/or registered office ado new registered agent and/or the new registered office addres Name of New Registered Agent	<u>S:</u>			
D. If amending the registered agent and/or registered office adonew registered agent and/or the new registered office address Name of New Registered Agent	s <u>:</u> reet address)			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent (Florida st	<u>s:</u>		(Zip Code)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent tFlorida si New Registered Office Address:	s: reet address) (City)		(Zip Code)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent (Florida si New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen	reet address) (City)	Florida	,	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent (Florida si New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen	reet address) (City)	Florida	,	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent (Florida si New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen	reet address) (City)	Florida	,	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent IFlorida st New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	reet address) (City) t: with and accept the obl	Florida igations of the po- - 	,	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent IFlorida st New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	reet address) (City)	Florida igations of the po- - 	2025 14:11 57.05	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent (Florida si New Registered Office Address): New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New I Check if applicable	s: reet address) (City) t: with and accept the obl	Florida igations of the po- - 	2025 HAY 27 FR	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent (Florida si New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New 1	s: reet address) (City) t: with and accept the obl	Florida igations of the po- - 	2025 14:11 57.05	

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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	I Isabella Murge	3923 Torkers Court
Add Remove		Naples FL 34119
2) Change	UP Justin Morse	3923 Tortens Court
Add		Nogles FL 34119
Remove Change		
Add		
Remove 4) Change	Brow Login Norse	3923 Torrers Court Naples FL 34119
Add	·	Naples FL 34119
Remove 5) Change	P Leonard Campagna	705 Hollybrian Line
Add		105 Hollybriat Lane Vagles FL 34108
Remove 6) Change	5 Helgn Terry Campagni	706 Holly brian Line
X Add		109 Holly brian Line Naples FL34108
Remove		

(Attach additional sheets, if necessary). (Be s	1 /	A	
	////		
			<u>.</u>
	•		
		.	
	 		
	·-····································		
			<u> </u>
If an amendment provides for an exchange,	reclassification or can	cellation of issued shares	
provisions for implementing the amendmen	t if not contained in th	ne amendment itself:	
(if not applicable, indicate N/A)	1.7	//	
	Λ	/ M	
	/_V	- <i>1</i> -1	
<u> </u>			
- · · · · · · · · · · · · · · · · · · ·			
	-		

. . .

The date of each amendment(s) ado	ption:
date this document was signed.	
Effective date <u>if applicable</u> :	
•	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo- document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement uch voting group entitled to vote separately on the amendment(s):
"The number of votes east fo	r the amendment(s) was/were sufficient for approval
by	
	(voting group)
DatedSignature	Lazard Candona
selected,	ctor, president or other officer - Adirectors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
	Leonary Campagna (Typed or printed name of person signing)
	Presi Lent
	(Title of person signing)