P22000042591

(Requestor's Name)				
(Ad	dress)			
	dress)			
(//u	uiess)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



300391639333

07/28/22--01006--003 **35.00

anend



A. RAMSEY OCT 2 7 2022

A. RAMSEY

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: DMRL INC DOCUMENT NUMBER: P22000042581 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAURA MIRANDA Name of Contact Person Firm/ Company DMRL INC Address 437 LAKEVIEW ROAD, KISSIMMEE, FLORIDA 34759 City/ State and Zip Code LAUPEZ27@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAURA MIRANDA 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

FILED

DKMRL INC

2022 JUL 28 AM 8: 07

(Name of Corporation as currently filed with the	Florida Dept. of State)
P22000042581	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the Incorporation:	is corporation adopts the following amendment(s) to its Articles of
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 corporation name must contain the word
B. Enter new principal office address, if applicable:	856 SCHOOL STREET
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CLERMONT, FL 34711
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	856 SCHOOL STRETT
	CLERMONT, FL 34711
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the
Hame of their Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida
(Cit	v) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position.
Signature of New Registered	Agent if changing

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)

Example:

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	LAURA MIRANDA	437 LAKEVIEW ROAD
Add				KISSIMMEE, FLORIDA 34759
X Remove				
2) Change		_		
Add				
Remove Change	_	_		
Add				
Remove				
4)Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
б) Change		_		
Add				
Remov e				

ment if not contained in the amendment itself:	
<u>.</u>	
	
	
	ze, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:

The date of each amendment(s date this document was signed.		, if other than th
Effective date <u>if applicable</u> :	07/25/2022	
incerve date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(Forming groups	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07/25/2 Dated Signature	ausa Miranda.	
(By	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	LAURA MIRANDA	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	