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Mame ch 8 00, 11/14/09



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2009

DREW WOLF 18671 COLLINS AVE #2704 SUNNY ISLES BEACH, FL 33160

SUBJECT: D.C. VENTURES, INCORPORATED

Ref. Number: P96000019006

We have received your document for D.C. VENTURES, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

LTD in the name you wish to use must be spelled out. The new name should read D.C. VENTURES LIMITED INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 309A00034990

my phone #15 305500 8145

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: D.C. V	enteres, Incorpore	ulecl_
DOCUMENT NU	MBER:P9600	0019006	<u> </u>
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
		www.C.	
	De Verlu	united	rcekel.
	18671 Collin	s Ave #2704 Address	
	Sunny Isles E	ty/ State and Zip Code	33160
	E-mail address: (to be used	ACL: Com. If for future annual report notification)	
<u></u>	ation concerning this matter,		vIS.
	e of Contact Person	at (305) 5 208 Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depart	ment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	· · · · · ·

Articles of Amendment to Articles of Incorporation



Tr. Ventures, Incor Proved
(Name of Corporation as currently filed with the Florida Dept. of State)
P96000019006
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
D.C. Vestures Limited Tucoparated The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
(Trincipal office address MOST BE A STREET ADDRESS)
·

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:	N/A. SI	ame as
<u>New Registered Office Address</u> :	(Florida street a	address)
_		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

I hereby accept the appointment as registered agent. I am familiar 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)

<u>Title</u>	Name	Address	Type of Action
	b) A Same	5 OS	☐ Add☐ Remove
			☐ Add ☐ Remove
<u></u>			
(attach add	litional sheets, if necessary). (Be spo	ecific) _ C1S ·	
	· · · · · · · · · · · · · · · · · · ·		
provision	endment provides for an exchange, and s for implementing the amendment applicable, indicate N/A)		
	WA.	some as.	
			No. of the state o

The date of each amendment	(s) adoption: O/25/09,
· · · · · · · · · · · · · · · · · · ·	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval (voting group)
- J	(voting group)
action was not required. The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	10/25/09
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Drew WOIF
	(Typed or printed name of person signing)
	President
	(Title of person signing)