## P9400000000367

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ameland 04.9.15

## **COVER LETTER**

TO: Amendment Section

Division of Corpo	rations				
NAME OF CORPOR	ATION: DTT63, CC	RP.			
NAME OF CORPOR	ER: P9600006236	7			
DOCUMENT NUMB	ER:	•	· · ·		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Carmen M. Peters, CPA				
		Name of Contact Person	1		
	Fernandez	z-Bergnes & Ass	ociates, PA		
		Firm/ Company			
	7400 West Flagler Street				
-	Address				
	Miami, FL 33144				
•		City/ State and Zip Code	2		
	C	peters@affbcpa	a.com		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Carmen	M. Peters, CPA	at (305	648-7100		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mail	ling Address	Street	Address		
Ame	ndment Section	*	lment Section		
Division of Corporations			on of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

DTT63 CORP

	D1100, 00111.		
(Name of Corporation as curre	ntly filed with the Florida Dept.	of State)	
	P96000062367		
(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, I ts Articles of Incorporation:	Florida Statutes, this Florida Profi	t Corporation adopts the following	owing amendment(s)
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," or	"Corp," "Inc," or "Co". A profe	y," or "incorporated" or to essional corporation name n	The new he abbreviation must contain the
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>	icable:		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>		2015 APR -7 PM 3: 30
D. If amending the registered agent and/or renew registered agent and/or the new regis		a, enter the name of the	_ 6
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida, Zip Code	<del></del>

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

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:

(Attuch 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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Antonella Judith Aversa Bonvecchio	Address
1) Change	S	Aversa Bonvecchio	7400 West Flagler Street
Add			Miami, FL 33144
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
·	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated April 2, 2015	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
ADOLFO BONVECCHIO	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	<del></del>