P96000090262

(R	equestor's Name)	
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(C	ity/State/Zip/Phone #	
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(D	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corpo				15 F
NAME OF CORPOR	ATION: DIAMOND	I FARMS. INC.		FEB -
DOCUMENT NUMB	P9600009026	2		- <u>神</u> と の
	of Amendment and fee are sub			
Please return all corres	pondence concerning this mat	ter to the following:		
	JOHN P. MAAS,	ESQ.		
•		Name of Contact Person		<u></u>
	JOHN P. MAAS,	ATTORNEY AT	LAW	
-	44 N.E. 40 O.T.	Firm/ Company		
	44 N.E. 16 ST.			
		Address		
	HOMESTEAD, FI	L 33030		
•		City/ State and Zip Code	:	
4:	لم معطان م مال ما ا			
1101	ri@bellsouth.net			_
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
JOHN P. MA	AS, ESQ.	at (305	, 247-7132	
Name o	of Contact Person		de & Daytime Telephone !	Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	,

Articles of Amendment Articles of Incorporation

DIAMOND I FARMS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P96000090262

(Document Number of Corporation (if known)

A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	ation "Corp," "Inc," or "Co".	A professional corpor	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an	<u>d/or registered office address i</u>	n Florida, enter the na	me of the
new registered agent and/or the new			
Name of New Registered Agent	JOHN P. MAAS, ES	3Q	_
	44 N.E. 16 ST.		
	(Florida street ad	ldress)	_
New Registered Office Address:	HOMESTEAD	Florida	33030
New Registered Office Address.	(Ciţy)	, i loitui	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and accept the obligation	ns of the position
The boy accept the appearance as region	////		
	gnature of New Registered Agen	a C	_
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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 Johr	n Doe				
X Remove	<u>V</u> <u>Mik</u>	Mike Jones				
X Add	<u>SV</u> <u>Sall</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	PD	RALPH IORI	P.O.BOX 343430			
Add			FLORIDA CITY, FL 33034			
Remove						
2) Change	SVPD	RALPH IORI, JR.	P.O. BOX 343430			
✓ Add			FLORIDA CITY, FL 33034			
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove			-			

	adding additional sheets, if necessity	essary). (Be specific)				
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	nt provides fo	r an excha	nge, reclassif	<u>ication, or c</u>	<u>ancellation o</u>	<u>f issued sha</u>	res,
an amendme	implementing	the amend	<u>lment if not </u>	<u>contained in</u>	the amendm	ent itself:	
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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 1/27 /15	
Dated 1/27/15 Signature Replessor	
(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)	
RALPH IORI	
(Typed or printed name of person signing)	_
PRESIDENT / DIRECTOR	
(Title of person signing)	