P97000040349

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: DML ENTERPRI	SES, INC.	
DOCUMENT N	P97000040349		
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	CHUCK MOGBO		
	CHUCK MOGBO, P.A	Name of Contact Persor	1
	CHUCK MOGBO, P.A		
	4782 W. COMMERCIAL B	Firm/ Company SLVD	
		Address	
	TAMARAC, FL 33319		
		City/ State and Zip Code	e
	cmogbo@bellsouth.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	se call:	
СНИСК МОСВ	0	954 at (739-4669
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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 of

P9700040349 (Document Number of				
(Document Number of				
	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this F is Articles of Incorporation:	Torida Profit Corporation adopts the following	ng amendr	ment(s) t	
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."		ion "Corp.		
B. Enter new principal office address, if applicable:	6412 N. UNIVERSITY DRIVE			
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 101			
	TAMARAC, FL 33321	2021	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6412 N. UNIVERSITY DRIVE	2020 JUN 1		
	SUITE 101	J	- . 	
	TAMARAC, FL 33321	14 10: 54		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	5 <u>+</u>		
Name of New Registered Agent				
		_		
(Florida stree	21 address)			
	. Florida			
New Registered Office Address;		Codei	_	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)			
					
					
					
	<u></u>				
					
 					
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	provides for an excl	nange, reclassificat	ion, or cancellation	of issued shares,	
f an amendment			ained in the amend	mont itself	
provisions for in	aplementing the ame	endment if not cont		ment usen.	
provisions for in	nplementing the ame able, indicate N/A)	endment i <u>t</u> not cont	<u></u>	ment usen.	
provisions for in	aplementing the ame	endment it not cont		menerisen.	
provisions for in	aplementing the ame	endment if not conf		ment usen.	
provisions for in	aplementing the ame	endment if not cont		ment usen.	
provisions for in	aplementing the ame	endment if not cont		ment usen.	
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provisions for in	aplementing the ame	endment if not cont		ment usen.	

06/01/2020 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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) 06/11/2020 Dated_ 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) DAWN SEYMOUR (Typed or printed name of person signing) **PRESIDENT**

(Title of person signing)