## V14312

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(D <sub>C</sub>	ocument Number)	
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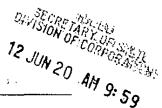
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _DOVE MANAGEMENT & INVESTMENTS, INC
DOCUMENT NUMBER: V74312
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael C. De Maria
Name of Contact Person
DOVE MANAGEMENT & INVESTMENTS, INC. Firm/ Company
P.O. Box 15315
Address Brooksville, Florida 33604
City/ State and Zip Code
kende2468@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael C. De Maria at ( 352 ) 279-6821
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Inc



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DOVE MANAGEMENT & invest		· · · · · · · · · · · · · · · · · · ·	<sup>117</sup> 9: 5.
(Name of Corporation as currently filed with the	he Florida Dept. of State)	,	O,
V74312			
(Document Number of Corporation	on (if known)		
arstraints the provisions of section 607.1006, Florida Statutes, to Articles of Incorporation:	this Florida Profit Corporation	adopts the following ar	mendmen
If amending name, enter the new name of the corporation	<u>:</u>	•	
		TL	
me must be distinguishable and contain the word "corpor	ration " "company " or "incor		ne new
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or cord "chartered," "professional association," or the abbreviation	or "Co". A professional corpo	pration name must con	tain the
Enter new principal office address, if applicable:	· 15703 Donzi	Dr.	
rincipal office address MUST BE A STREET ADDRESS )	<del></del>		
	Hudson, Fl .	34667	
•			
Control of the state of the sta			
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	P.O. Box #	15315	
		24604	
	Brooksville	, FL 34604	
. If amending the registered agent and/or registered office:		ame of the	
new registered agent and/or the new registered office add	iress:		
Name of New Registered Agent Michae	el De Maria		
15703	Donzi Dr.		
	da street address)	<del></del>	
Hudso	on	34667	
New Registered Office Address:			
Į,	City)	(Zip Cout)	
New Registered Office Address: Hudso			

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: XChange	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	<b>.</b> •
. •	•		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u></u>	Kenneth De Maria	175 Forestwood ct springhill fl 34609
2)ChangeAddRemove	<b>₩</b> p	James_J. De Maria	15703 Donzi Drive Hudson fl 34667
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	(Be specific)			
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			,	
	─N/A	······································	· <u> </u>	
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an amendment provides for an exc provisions for implementing the am	hange, reclassificati endment if not conta	on, or cancellatio lined in the amen	n of issued shares, dment itself:	
an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassificati endment if not cont	on, or cancellatio ained in the amen	n of issued shares, dment itself:	
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an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassificati endment if not cont	on, or cancellatio	n of issued shares, dment itself:	
(if not applicable, indicate N/A)	thange, reclassification to the control of the cont		n of issued shares, dment itself:	
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(if not applicable, indicate N/A)			n of issued shares, dment itself:	

The date of each amendment(s) adoption:	June 1,	2012
Effective date if applicable:	June 1,	
	(no more than 90 day	es after amendment file date)
Adoption of Amendment(s) (CH	ECK ONE)	•
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The num pproval.	iber of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the . must be separately provided for each voting		
"The number of votes cast for the amen	• •	ficient for approval
by(vot	ing groun)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The amendment(s) was/were adopted by the action was not required.		out shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without s	shareholder action and shareholder
Dated June 5,	2012	
Signature X Ain	Mac	
	orporator – if in the han	if directors or officers have not been ads of a receiver, trustee, or other court
JA	imes I Den	MARIA
	Typed or printed name	
	Tresident	
	(Title of person sign	ing)