P03000055290

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TALLAHASSEE, FLORIDA

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SEPT 12, 03

TO: DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL. 32314

FROM: DAVID C. HETTEL
OFFICER LPM, INC.
135 IVANHOE DR.
ORMOND BCH. FL
32176

PLEASE AMMEND AS ENCLOSED FOR LPM, ENTERPRISES, INC. MY TELEPHONE # IS 386·212·3764 OR 386·673·7627. I AM ACTING POWER OF ATTORNEY FOR M.L. LOWELL, MY MOTHER. SEE ENCLOSED POWER OF ATTORNEY. THANK YOU.

DAVID C. HETTEL

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

LPM ENTERPRISES, INC.

(present name)

P03000055290

(Document Number of Corporation (If known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

PLEASE INCREASE NUMBER OF SHARES IN THIS CORP. FROM 10,000 TO 10,000,000. (TEN MILLION)

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SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 9.15.03.

FOURTH: Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 12th day of SEPTEMBER 2003.

Signature _____ POWER OF ATTORNEY FOR C.E.O.
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)
M.L. Lowell

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

DAVID C. HETTEL
(Typed or printed name)

CORP. OFFICER
(Title)

DURABLE POWER OF ATTORNEY
CONTAINING HEALTH CARE SURROGATE PROVISIONS, PROVISIONS RELATING TO TRANSFER OF REAL PROPERTY (INCLUDING HOMESTEAD PROPERTY) AND LIVING WILL

BY THIS DURABLE POWER OF ATTORNEY I, **MARIANETTE L. LOWELL**, ("Principal") of **Volusia County, Florida**, appoint as my attorney in fact to manage my affairs as indicated below, my son, **DAVID C. HETTEL**. Upon the death, failure or inability of him/her to act as my attorney in fact, then I appoint my daughter. JUDITH L. HETTEL, to act as Donee of this Power.

This durable power of attorney is not affected by my subsequent incapacity except as provided by Florida Statute Section 709.08, and is exercisable from the date of execution.

1. General Grant of Power

I hereby grant to my Agent full power and authority to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction, or any interest in property owned by me, including, without limitation, my interest in all real property, including homestead real property; all personal property, tangible or intangible; all property held in any type of joint tenancy, including a tenancy in common, joint tenancy with right of survivorship, or a tenancy by the entirety; all property over which I hold a general, limited, or special power of appointment; choices in action; and all other contractual or statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled; all as to such property now owned or hereafter acquired by me. I grant to my Agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation. Except as otherwise limited by applicable law, or by this durable power of attorney, my attorney in fact has full authority to perform, without prior court approval, every act authorized and specifically enumerated in this durable power of attorney. I hereby ratify and confirm that my Agent shall lawfully have, by virtue of this durable power of attorney, the powers herein granted, including, but not limited to, the following:

a. Collect all sums of money and other property that may be payable or belonging to me, and to execute receipts, releases, cancellations or discharges.

b. Settle any account in which I have any interest and to pay or receive the balance of that account as the case may require

c. Borrow money on such terms and with such security as my attorney may think and to execute all notes, mortgages and other instruments that my attorney finds necessary or desirable.

d. Draw, accept, endorse or otherwise deal with any checks or other commercial or mercantile instruments for my benefit specifically including the right to make withdrawals from any savings account or savings and loan

I understand the full import of this declaration and I am emotionally and competent to make this declaration.

IN WITNESS WHEREOF, I have set my hand and seal on this 22 day of August, 2003.

Signed, sealed and delivered
in the presence of:

Witness

Witness

MARIANNETTE L. LOWELL, Principal

22 Aug. '03

STATE OF FLORIDA
COUNTY OF VOLUSIA

SWORN TO AND SUBSCRIBED before me, this 5th day of August, 2003, by MARIANETTE L. LOWELL, Principal, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Public

My commission expires:

JANNA L. RINALDI
MY COMMISSION # DD 139125
EXPIRES: July 18, 2004
Bonded Thru Notary Public Underwriters

Stamp/Seal

Reaffirmed by affiant