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To:

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Account Name : DES-MATT, INC Account Number : 120180000078 Phone : (352)223-3911

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: esme.shanks@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN AQUAFEEL SOLUTIONS MIAMI, CORP

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FILED

Articles of Amendment to Articles of Incorporation of

2022 MAY 19 PM 5: 50

SECRETARY OF STATE

TALL AHASSEE, FI filed with the Florida Dept. of State)
Corporation (if known)
orida Profit Corporation adopts the following amendment
The new npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
N/A
N/A
in Florida, enter the name of the
údress)
, Florida
(Zip Code)

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

May 19 22,03:29p

Esme Shanks

8639694554

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<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			

May 19 22,03:30p Esme Shanks 8639694554 p.4

(Attach additional sheets, if necessary). (A	cles, enter change(s) here (Be specific)	-
		<u> </u>
f an amendment provides for an excha- provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or co Iment if not contained in	ancellation of issued shares, the amendment itself:
(if not applicable, indicate N/A)		·····
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:
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)
05/17/2022 Dated
Signature Fiorella Di Mauro
(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)
FIORELLA N DI MAURO REINOSO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)