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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: DILO Compar	ny, INC. SF6 Maint	enance Equipment		
DOCUMENT NUMBER	L78689				
The enclosed Articles of A	Imendment and fee are so	abmitted for filing.	·		
Please return all correspon	idence concerning this ma	atter to the following:			
	Alan Ledfo	rd			
	DILO Compan	Name of Contact Person y Inc.	on		
	Firm/ Company				
	11642 Pyramid	Drive			
_		Address			
	Odessa, FL 33	556			
		City/ State and Zip Co	de		
	alan@dilo.com				
	E-mail address: (to be u	sed for future annual repor	rt notification)		
For further information con	ncerning this matter, pleas		376-5593		
Name of Co	ontact Person	at (ode & Daytime Telephone Number		
Enclosed is a check for the			·		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Division P.O. Box	ent Section of Corporations	Amen Divisi Clifto 2661	t Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

DILO Company, INC. SF6 Maintenance Equipment

(Name of Corporation as currently filed with the Florida Dept. of State) L78689 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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 Doc	,
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	CEO	Lukas B. Rothlisberger	620 Royal Dornoch Ct
Add			Tarpon Springs, FL 34688
_X Remove			
2) Change	ĊEO	Billy Lao	9121 Ruger Dr
X Add			New Port Richey, FL 3465
Remove			
3) Change			
Add		,	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	*********		
Remove	٠		
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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	<u> </u>
f an amandment arealides for an exch	and make if a sign and a sign at the sign
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) adoption:date this document was signed.	if other than the
· · · · · · · · · · · · · · · · · · ·	
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 wi document's effective date on the Department of State's records.	I not be listed as the
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.	
Dated10/24/2018	
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)	_
. Reinhold Propst	
(Typed or printed name of person signing)	<u> </u>
President	
(Title of person signing)	