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COVER LETTER

TO: Amendment Section Division of Corporations Diversity Access Pipeline, Inc. NAME OF CORPORATION: N18000010227 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Clinton Paris (Name of Contact Person) Law Office of Clinton Paris, Inc. (Firm/ Company) 10014 Water Works Lane (Address) Riverview, Florida 33578 (City/ State and Zip Code) cparis@parislawoffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clinton Paris 813 413-7924 (Name of Contact Person) (Arca Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

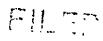
enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation of



Diversity Access Pipline, Inc		
(Name of Corporation as o	currently filed with the Florida	Dept. of State) -5 P :
N18000010227		•
(Document	Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pr	rofit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
Diversity Access Pipeline, Inc		The way
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" o	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	W/A	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		er the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Florida	street address)
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		obligations of the position.
	Signature of New Registeree	l 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.

Example: X.Change X.Remove X. Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
2) Change		N/A	
Add			
3) Change		N/A	
Remove			
4) Change Add		N/A	
Remove			
5) Change		N/A	
Add			
6) Change		N/A	
Add			
Remove			

	F. If amending or adding additional Articles, enter change(s) here: (astach additional sheets, if necessary). (Be specific)					
W/H						
	/ ·					
	· · · · · · · · · · · · · · · · · · ·					

	date of each amendment	· · · · · · · · · · · · · · · · · · ·	, if other than the
	this document was signed ctive date if applicable:	AC/A	
J114	tive date <u>ir apparame</u> .	(no more than 90 days after amendment file d	ate)
		is block does not meet the applicable statutory filing requi se Department of State's records.	rements, this date will not be listed as the
Ad o	ption of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast proval.	for the amendment(s)
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amen irectors.	dment(s) was/were
	Octob Dated	er 29, 2018	
	Signature	Curton Paus	
	(By the	chairman or vice chairman of the board, president or othe ot been selected, by an incorporator – if in the hands of a rourt appointed fiduciary by that fiduciary)	
	Cli	nton Paris	
		(Typed or printed name of person sign	ning)
	Inc	orporator	
		(Title of person signing)	