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| PICK-UP WAIT MAIL |
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| ACIDDH, INC. NAME OF CORPORATION: | | | | |
|--|--|---|--|-------|
| N19000010907 DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee are sub | | | | |
| Please return all correspondence concerning this matt | er to the following: | | | |
| OLVA POLO | | | | |
| | (Name of Contact Pe | erson) | | |
| ACIDDH, INC. | | | | |
| | (Firm/ Company | ′) | | |
| P.O. BOX 970905 | • | | | |
| | (Address) | _ | | |
| COCONUT CREEK, FL 33097 | | | | |
| | (City/ State and Zip | Code) | | |
| ACIDDH2019@GMAIL.COM | | | | |
| E-mail address: (to be used | d for future annual rep | ort notificat | ion) | |
| For further information concerning this matter, please | e call: | | | |
| OLVA POLO | at | 954 | 278-4017 | |
| (Name of Contact Person | | (Area Code | | nber) |
| Enclosed is a check for the following amount made p | ayable to the Florida | Department (| of State: | |
| \$35 Filing Fee S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Cer s Cer (Ad | .50 Filing Fee tificate of Status tified Copy ditional Copy is closed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | An Di | reet Address nendment So vision of Col e Centre of | ction | |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ACIDDH, INC

| (Name of Corporation as currently filed with the Florida D | Dept. of State) |
|--|--|
| N19000010907 | |
| (Document Number | er of Corporation (if known) |
| Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation: | s. this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporati | ion: |
| name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name. | The new ion" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 623 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | P:\(\(\frac{1}{3}\); 03 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a | |
| Name of New Registered Agent: | |
| New Registered Office Address: | (Florida street address) |
| | (City) , Florida |
| | • |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai | |
| Si | gnature 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.

| Example: X Change X Remove X Add | <u>V</u> <u>M</u> | ohn Doe like Jones ally Smith | |
|------------------------------------|---------------------------------|---|---|
| Type of Action (Check One) | <u>Tide</u> | <u>Name</u> | <u>Addres</u> s |
| Change X Add | <u>s</u> | ILNER POLO | 9127 SW 21 STREET APT E BOCA RATON, FL 33428 |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | *** | | |
| Remove | | | · |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or additional sheet | ng additiona ets, if necesso | al Articles, enter change(s) here: ary). (Be specific) | |
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| The date of each amendment(s) adoption date this document was signed. | on: | | | , if other than the |
| Effective date if applicable: | | | | |
| Effective date <u>if applicable</u> : | (no more than 90 days | after amendment file | date) | |
| | | | | |
| Note: If the date inserted in this block do document's effective date on the Department. | es not meet the applica- nent of State's records. | ble statutory filing req | uirements, this date will n | ot be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | | |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| D . I | 7/28/2020 |
|---------|--|
| Dated | |
| Signatu | |
| | (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | OLVA POLO |
| | (Typed or printed name of person signing) |

(Title of person signing)