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COVER LETTER

Division of Corporations NAME OF CORPORATION: ____ Advanced Water Technologies, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dorlynne Maynor Name of Contact Person Firm/ Company 716 NE Turtleback Trail Address Port St. Lucie, FL 34983 City/ State and Zip Code Dorlynne@advancedwater.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John H. Reynolds Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □S43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

Advanced Water Technologies, Inc.

(Name o	of Corporation as current	ly filed with the Florida DEDE OCSURE PH 1: 16		
P02000018087		\$7		
	(Document Number of	of Corporation (if known) TALT, WALLE SEE, FI		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:			
Advanced Water II, Inc.		The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Corchartered," "professional association,"	Corp," "Inc," or "Co".	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address,	if applicable:	716 NE Turtleback Trail		
(Principal office address MUST BE A STREET ADDRESS)		Port St. Lucie, FL 34983		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		716 NE Turtleback Trail		
		Port St. Lucie, FL 34983		
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	Dorlynne Maynor			
	716 NE Turtleback Trail			
	(Florida st	reet address)		
New Registered Office Address:	Port St. Lucie	, Florida		
<u> </u>		(City) (Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Agen	t:		
		with and accept the obligations of the position.		
<u></u>	Virlanne	Marmores		
	Signature of New I	Registered Agent, if changing		
Check if applicable	V	V		

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

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) X Change	PD	Michael J. Maynor	716 NE Turtleback Trail
Add			Port St. Lucie, FL 34983
Remove			
2) X Change	VPD	Dorlynne C. Maynor	716 NE Turtleback Trail
Add			Port St. Lucie, FL 34983
Remove 3) X Change	VP	Kelby H. Maynor	716 NE Turtleback Trail
Add			Port St. Lucie, FL 34983
Remove			
4) Change	 		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

	adding additional Ar al sheets, if necessary).	(Be specific)			
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f an amendmer	nt provides for an exclimplementing the ame icable, indicate N/A)	hange, reclassifica endment if not cor	ition, or cancellati itained in the ame	on of issued shares ndment itself:	ı
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The date of each amendmen		, if other than the
date this document was signed Effective date <u>if applicable</u> :	October 15, 2023	
oncerve date <u>ir appricabre</u> .	(no more than 90 days after amendment file date	?)
	this block does not meet the applicable statutory filing requirement he Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sharel	nolder action and shareholder
* * *	re adopted by the shareholders. The number of votes cast for the an ere sufficient for approval.	nendment(s)
	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendment	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
Dated	10-12-23.	
Signature	Worldmer Marmer)	
(F	ly a director, president of other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, or	
	oppointed fiduciary by that fiduciary)	other court
	Dorlynne Mayne	<u> </u>
	(Typed or printed name of person signing)	
	VICE-PRESIDENT.	
	(Title of person signing)	