

(Re	equestor's Name)	<u></u> -
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
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Certified Copies	_ Certificates	of Status
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R. WHITE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DHW I	industries, Inc	
		050871	
The enclosed Articles of Amendment	and fee are su	bmitted for filing.	
Please return all correspondence conc	erning this ma	tter to the following:	
	Industr VW 23 ^r nd Par	Name of Contact Person City, The Firm/Company Address K, Fl	;
E-man au	uress. (to be us	sed for future annual report	nouncation)
For further information concerning th	is matter, pleas	se call:	
Dawn M. Bedgood Name of Contact Pers		at (954	714 - 8199 de & Dayrime Telephone Number
Enclosed is a check for the following		payable to the Florida Depa	rtment of State:
S35 Filing Fee S43.75 Certific	Filing Fee & ate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorporation of

18 HAY -7 PH 2: 48

Dhw Indust	rics. Inc.
(Name of C	Corporation as currently filed with the Florida Dept. of State)
P0200005087	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name	e of the corporation:
	The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n the word "corporation," "company," or "incorporated" or the abbreviation on "Corp," "Inc," or "Co". A professional corporation name must contain the m," or the abbreviation "P.A."
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)	
(11 meijai office adaress <u>Stobi be /1 brit</u>	<u> </u>
C. Enter new mailing address, if applical	ble:
(Mailing address MAY BE A POST OF	
	or registered office address in Florida, enter the name of the
new registered agent and/or the new re	egistered office address:
Name of New Registered Agent	
_	(Florida street address)
	·
New Registered Office Address:	, Florida
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Agent: and 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.

Example: X Change	<u>PT</u>	John Do	oe				
X Remove	<u>v</u>	Mike Jo	ones				
_X Add	 <u>sv</u>	Sally Sn					
Type of Action (Check One) 1)	Title Pres	ident	Name Sanicl	Ц. White	Address 3041 NN Oakland 33311	Park, F	a 1
2) Change Add Remove 3) Change Add Remove		_					
4) Change Add Remove		-					
5) Change Add Remove		_		·			
6) Change Add Remove		_					

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	-
	·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
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·	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: April 30, 2018 (no more than 90 days after	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statut 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 shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately	g groups. The following statement ately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient	t for approval
by	.,,
The amendment(s) was/were adopted by the board of directors without sh action was not required. The amendment(s) was/were adopted by the incorporators without shareheaction was not required.	
Dated April 30, 2018 Signature Almor Mulliched	
(By a director, president or other officer – if dire selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
Saniel M. White	leather
(Typed or printed name of pe	
(Title of person s	igning)