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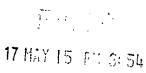
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: White Sands Reco	very Systems, Inc.	
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
V	Vendy H. Outland		
_		Name of Contact Person	1
v	White Sands Recovery Syste	ms, Inc.	
_		Firm/ Company	
P	O Box 36455		
_		Address	
P	ensacola, FL 32516		
_		City/ State and Zip Code	e
WhiteS	andsRecSys@cox.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Wendy Outland		at (<u>850</u>	456-4942
Name of	Contact Person		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
Amen Divisi P.O. E	mg Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



White Sands Recovery Systems, Inc.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P02000086284	· · · · · · · · · · · · · · · · · · ·
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	i daaress)
New Registered Office Address: (C	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Per	gistered 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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Frample:

X Change	PT Jol	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>v</u>	Bruce T. Outland	PO Box 36455
X Add			Pensacola, FL 32516
Remove		•	
2) Change	<u>s</u>	Christina N. Downs	PO Box 36455
X Add			Pensacola, FL 32516
Remove			
3) Change	<u>T</u>	Heather A. Outland	PO Box 36455
X Add			Pensacola, FL 32516
Remove			
4) Change	<u>c</u>	Jenifer De Leon	PO Box 36455
X Add			Pensacola, FL 32516
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
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(ly not applicable, marcule 1974)	
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	,

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	nmediately	•
Effective date in applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	n	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	5/11/17	
Signature	land U. Villand	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other coninted fiduciary by that fiduciary)	
	Wendy H. Outland	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	