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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from this account: 120210000160 AMOUNT: \$35.00 AUTHORIZATION SIGNATURE: Judis Desert Rose Environmental Services, INC. P02000135086 **BUSINESS** DOCUMENT # Pick up time Mail out Will wait Photocopy Certified Copy of Articles Certificate of Status **NEW FILINGS AMENDMENTS** ___ Profit X Amendment Not for Profit Resignation of R.A. Officer/Director Change of Registered Agent Limited Liability ___Dissolution/Withdrawal __ Domestication Other ___Merger __ CORP Conversion **OTHER FILINGS REGISTERATION/QUALIFICATIONS** __ Foreign filing Annual Report __Limited Partnership Reinstatement Fictitious Name ____ APOSTILL() <u>Country:</u> Other

FLORIDA CAPITAL COURIER SERVICES, INC.

EXAMINER'S INITIALS:

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from this account: 120210000160 AMOUNT: \$35.00 AUTHORIZATION SIGNATURE: P02000135086 Desert Rose Environmental Services, INC. **BUSINESS** DOCUMENT# Pick up time____ Will wait Mail out Photocopy **Certified Copy of Articles** Certificate of Status **NEW FILINGS AMENDMENTS** Profit X Amendment Not for Profit Resignation of R.A. Officer/Director Change of Registered Agent __Limited Liability Dissolution/Withdrawal Domestication Other _Merger __ CORP Conversion REGISTERATION/QUALIFICATIONS **OTHER FILINGS** ___ Foreign filing Annual Report ___Limited Partnership Reinstatement Fictitious Name _____ APOSTILL() Country: _____ Other

.FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: DESERT ROSE EN	NVIRONMENTAL SERVI	ICES, INC.		
DOCUMENT NUM	D02000125086				
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	M. DANIEL HUGHES, ESQ				
	Name of Contact Person				
	M. DANIEL HUGHES AND ASSOCIATES, P.A.				
	Firm/ Company				
	3000 NORTH FEDERAL HIGHWAY, SUITE 200				
	Address				
	FORT LAUDERDALE, FL 33306				
		City/ State and Zip Code	e		
	mdanielhughes@aol.com				
		sed for future annual report	notification)		
For further informati	ion concerning this matter, pleas	se call:			
FRAN JONES		at (⁹⁵⁴	566-3390		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment oı Articles of Incorporation of

•	Articles of Amendment to Articles of Incorporation of INC. of Corporation as currently filed with the Florida De		FILED
DESERT ROSE ENVIRONMENTAL, IN	NC.		SECO- AM O.
(Name o	f Corporation as currently fi	led with the Florida De	pt. of State LAHASSE OF ST.
P02000135086			193£E, F(0, 17 F)
	(Document Number of Co	orporation (if known)	• •
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	rida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co". A p	ipany," or "incorporated rofessional corporation	The new or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S			
 C. Enter new mailing address, if appliance (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered age	OFFICE BOX) ad/or registered office addres	s in Florida, enter the n	ame of the
M. DANIEL HUGHES AND ASSOCIATES, P.A.			
Name of New Registered Agent	3000 NORTH FEDERAL HI	CHWAY SHITE 200	
	(Florida street		
	FORT LAUDERDALE	unur toor	, Florida 33306 (Zip Code)
New Registered Office Address:		ity)	, Florida /Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	changing Registered Agent: tered agent. I am familiar wit	h and accept the obligati	
	Signature of New Res	and istered Agent, if changing	<u> </u>
Check if applicable		@= y =g.;;	,

☐ 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.

X Change	<u>PT</u>	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>	Address
1) Change	PTS	PAULETTE FERNANDEZ	2635 NE 4TH AVENUE
X Add			POMPANO BEACH, FL 33064
Remove			
2) Change			
Add			
X Remove	PTS	D. BARRY FERNANDEZ, Deceased	2635 NE 4TH AVENUE
Add			POMPANO BEACH, FL 33064
Кепюче			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	(Be specific)			
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rovisions for imple	ementing the ame	hange, reclassifica endment if not con	tion, or cancellatic	n of issued share idment itself:	<u>s.</u>

	4/13/2022	
	option:	, if other than the
date this document was signed.		
4/13. Effective date if applicable:	2022	
Effective date it applicable.	(no more than 90 days a)	ier amendment file date)
Note: If the date inserted in this b document's effective date on the De		utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number fficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approvided for	roved by the shareholders through vot each voting group entitled to vote sep-	ing groups. The following statement arately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were suffic	ent for approval
by		**
	(voting group)	
Dated	4-13-22 Julian Franciale	
Signature	reduces Horanda	
(Øy a d selecte	rector, president or other officer – if d l, by an incorporator – if in the hands ed fiduciary by that fiduciary)	
	PAULETTE FERNANDEZ	
	(Typed or printed name of	person signing)
	PRESIDENT/SECRETARY/TREAS	JRER
	(Title of person signing)	