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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: _	FLORIDA	WEST GOLD	, INC.		
DOCUMENT NUMBER:					
The enclosed Articles of Amenda	rent and fee are sub	omitted for filing.			
Please return all correspondence of	oncerning this mat	ter to the following:			
_ JA	MES R.	LOMBARD Name of Contact Person			
			,		
	2701211 00	EST GOLD, Firm/ Company	11001		. Con a sol made into
	172 DU	RHAM ROAL	7	(IEN	IPORARY MAILING ADDRESS)
		. radi c.s.			
	FUILFORD	City/ State and Zip Code	37		
— <u>J</u> E-mai	AME 5 LD Taddress: (to be us	MBARD 7 @ ed for future annual report	GMAIL, notification)	com	
For further information concerning	g this matter, pleas	e call:			
JAMES R. La	MBARD	at 813	892-8	086	
Name of Contact I	Person	Area Coo	de & Daytime Telep	phone Numbe	
Enclosed is a check for the follow	ing amount made p	payable to the Florida Depa	artment of State:		
-	.75 Filing Fee & ificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing I Certificate of S Certified Copy (Additional Co is enclosed)	tatus	
<u>Mailing Addre</u> Amendment Se			Address ment Section		
Division of Cor P.O. Box 6327	porations		n of Corporations entre of Tallahass	ee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of DC+ 1 2001

FLORIDA WEST GO	LD, INC.
(Name of Corporation as currently	v filed with the Florida Dept, of State)
P 0400006207	3
(Document Number of	(Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacks of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation;	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word .
B. Enter new principal office address, if applicable:	14635 MIRABELLE VISTA CIA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA, FL 33626
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1972 DURHAM RD. GUILFORD, CT 06437
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	
New Registered Office Address: TAMPA,	ect address) BELLE VISTA U.R., Florida 33626 (Cuy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar v	: with and accept the obligations of the position.
N/A	
Signature of New Ro	egistered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) ((c) FS

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)

Example:

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	PT John D	loc	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	05	SHIRLEY SCHMIDT	21/33 MARSH HAWK DR.
Add Remove		······································	LAND 0' LAKES, FL 34638
2)Change	<u>D5</u>	JENNY S. LOMBARD	MADISON, CT 06443
Remove Change			
Add			
Remove 4) Change		/A	
Add			
Remove 5) Change		N/A	
Add			
Remove		n/ /a	
6) Change			
Add			
Remove			

N/A	Articles, enter change(s) here: v). (Be specific)
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<u> </u>	
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in amendment provides for an e	exchange, reclassification, or cancellation of issued shares,
ovisions for implementing the a	mendment if not contained in the amendment itself:
in amendment provides for an ecovisions for implementing the a	mendment if not contained in the amendment itself:
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. . .

	ach amendment(s) adoption: <u>SEPTEMBER 12, 2020</u> , if other than the
date this docur	ment was signed.
Effective date	if applicable: OCTOBER 1, 2020 (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the c document's ef	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
Adoption of A	Amendment(s) (CHECK ONE)
	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder not required.
	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) reholders was/were sufficient for approval.
☐ The amend must be se	iment(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendment(s):
"The	number of votes east for the amendment(s) was/were sufficient for approval
by	\mathcal{N}/\mathcal{A}
pỳ, ¯	// A tvoting groups
	Signature Signature
	JAMES R. LOMBARD
	(Typed or printed name of person signing)
	PRESIDENT, CEO, DIRECTOR
	(Title of person signing)