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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: DBE MANAGEMEN	NT, INC.	
DOCUMENT NUMBE	R: P04000088463		
The enclosed Articles of	Amendment and fee are subn	nitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
D	USTIN ERTLE		
	<u> </u>	Name of Contact Person	
D	BE MANAGEMENT, INC.		
		Firm/ Company	•
15	5893 77TH PL N		
		Address	
Le	OXAHATCHEE, FL 33470		
		City/ State and Zip Code	
DERTL	E@DBEUTILITYSERVICE	S.COM	
	E-mail address: (to be used		notification)
For further information o	oncerning this matter, please	call:	
DUSTIN ERTLE		561	508-3708
Name of	Contact Person		le & Daytime Telephone Number
Enclosed is a check for ti	he following amount made pag	yable to the Florida Depa	rtment 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)
Ameno Divisio P.O. B	Iment Section on of Corporations ox 6327 assee, FL 32314	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

DBE MANAGEMENT, INC.			
(Name of Corporation as curre	ntly filed with the Florida Dept. of Sta	ite)	
P0400088463			
(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corporation</i> adopts th	e following amendm	ent(s) to
A. If amending name, enter the new name of the corporation:			
		The nev	v
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or	r "Co". A professional corporation no		
word "chartered," "professional association," or the abbreviatio	n "P.A."	₩.	20
B. Enter new principal office address, if applicable:			<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		## ## ## ### ### #####################	AR
		(A) 7.	2016 HAR 17
		<u></u>	
C. Enter new mailing address, if applicable:	1241 ROEBUCK CT.	F S	=
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	UNIT C		PM 4: 0
	UNITE	**************************************	-
	WĖST PALM BEACH, FL 33404	1	
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addr		<u>e</u>	
Name of New Registered Agent			
(Florida	street address)		
New Registered Office Address:	, Florid	a	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age	·nt·		
I hereby accept the appointment as registered agent. I am familia		position.	
Signature of Nev	v 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.

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
1) Change	sv	CHERYL WASHINGTON	125 CLAREMONT LN
Add		•	PALM BEACH SHORES, FL
X Remove			33401
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	···		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment date this document was signed		, if other than th
Effective date <u>if applicable</u> :	3/8/16	
Enective date <u>ir appricable</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this define Department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wei by the shareholders was/wei	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	er
action was not required.	a despited by the meorporators without shareholder action and shareholder	
3/8/16 Dated	5	
Signature	En To	
se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	DUSTIN ERTLE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	