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TO: Amendment Section

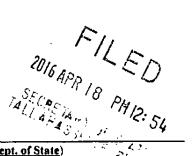
Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: HEH GWUND Enterprises INC DOCUMENT NUMBER: PO6000019676				
DOCUMENT NUMBER: P06000019676				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Monneth Parson. President Name of Contact Person				
Name of Contact Person				
Found Francis O Gusters				
Firm/ Company				
Firm/ Company Galactern DK Suite 181 Address Daylactern DK 1660				
Address				
Doylestown PA 19901				
City/ State and Zip Code				
Doylestown PA 1890 City/ State and Zip Code hinemanrc 2 yahoo.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Kenneth Pausons at (215, 230-5508				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



14 A 14 GIOUP EVILLY MUSS	10/2 10/2	J. St. St.
(Name of Corporation as currently	filed with the Florida Dept. of State)	12 1 K 2 1
P06000019676		46,4
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ring amendment
A. If amending name, enter the new name of the corporation:		
		The new
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 "I	Co". A professional corporation name mus	
B. <u>Enter new principal office address, if applicable:</u> (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)	7306 w Waters Tampu FL 33630	bue.
D. 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 KODEY	P. Hineman	
7306 W (Waters Bue:	
(Florida stree	et address)	-
New Registered Office Address: / Ca WyO (1	, Florida 32 City) (Zip	5634 2 Code)
dew Registered Agent's Signature, If changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar wi	in and accept the obtigations of the position.	•
(A) Kaber Phenon	a	
Signature of New Re	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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> 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>	<u>Addres</u> s
1) Change	PT	Tony O'Antico	7306 w waters Ave
Add			Tampa PL 33634
Remove			
2) Change	PT	Robert P Hineman	9306 W Waters Ru
Add			19mpx, PC 33639
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	
·	
	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
revisions for implementing the amo	
orovisions for implementing the ame (if not applicable, indicate N/A)	<i>)</i>
provisions for implementing the ame	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	reholder action and shareholder
Dated4/13/16	
Signature Foliable Sens	
(By a director, president or other officer - if of	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
Robert Hinem (Typed or printed name of	uv)
	person signing)
Prosident	
(Title of person	n signing)