

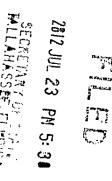
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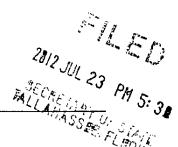


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Latitude Cle	ean Tech Group	, Inc.
DOCUMENT NUM	PARAMAGARA		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Angela Letizia		
		Name of Contact Persor	1
	c/o Latitude Solut	ions, Inc.	
		Firm/ Company	
	2595 NW Boca R	aton Blvd., Suite	e 100
		Address	
	Boca Raton, FL	33431	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	3
ale	tizia@latitudesolu	tions net	
		ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
Angela Letiz	ia	at (561	417-0644
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	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)
	iling Address		Address
	endment Section rision of Corporations		ment Section on of Corporations
	Box 6327		Building
Tai	lahassee, FL 32314		xecutive Center Circle
		Tallaha	ssee, FL 32301

Articles of Amendment Articles of Incorporation



Latitude Clean Tech Group, Inc.

ment(s) to

(Name of Corporation as	currently filed with the Flo	<u>rida Dept. of State</u>)	155 6 C
P08000090608			ASS FLORIES
(Documen	nt Number of Corporation (if l	(nown)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation a	dopts the following amendme
A. If amending name, enter the new na	nme of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corpor	The new orated" or the abbreviation ation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the na	me of the
Name of New Registered Agent	Alan Bergman		
	2595 NW Boca Rat	on Blvd., Suite 100	- !
	(Florida stree	,	-
New Registered Office Address:	Boca Raton	, Florida	33431
	(City)		(Zip Code)
New Registered Agent's Signature, if continued in the second seco	hanging Registered Agent: tered agent. I am familiar wi		ns of the position.

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: X Change	PT John	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	Matthew J. Cohen	2595 NW Boca Raton Blvd., Suite 100
Add X Remove			Boca Raton, FL 33431
2) Change	CEO	Jeffrey A. Wohler	2595 NW Boca Raton Blvd., Suite 100
X Add			Boca Raton, FL 33431
Remove 3) Change	<u>P</u>	F. William Gilmore	2595 NW Boca Raton Blvd., Suite 100
Add X Remove			Boca Raton, FL 33431
Remove			
4) Change Add	• • • • •		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	
	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an analysis and
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:

The date of each amendment(s) a	7/2/2012
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated_ 7/19/	2012
selecti	difector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Jeffrey A. Wohler
	(Typed or printed name of person signing)
	Director
	(Title of person signing)