## P11000100580

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BACKGROU	IND MODULAR	SOLUTIONS, INC.			
DOCUMENT NUMBER: P11000100	580				
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
<u>Diana Blas</u>	Name of Contact Person				
Thomas W. Hill & Co., LLC Firm/ Company					
804 Nicholas Phys E, Stel					
	Cape Coral, Fl 33990  City/ State and Zip Code				
	City/ State and Zip Code				
E-mail address: (to be u	Chillee Cpa_CON sed for future annual report	notification)			
For further information concerning this matter, plea	se call:				
Thomas W. Hill	at (234	, 549-2444			
Name 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:			
S35 Filing Fee S43.75 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	Ameno Divisio Cliftor	Address  Idment Section  In of Corporations  In Building  Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SACKGROUND MC	DULAR SOLL Corporation as currently f	ION, INC	te)	<del></del>
P 11000100580				
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:  A. If amending name, enter the new name.	e of the corporation:		2019 JUnew	it(s) to
name must be distinguishable and contain "Corp" "Inc" or Co" or the designation word "chartered," "professional association of the contained to the conta	on "Corp, Inc, or Co n," or the abbreviation "P.	). A projessional corporation in	<b>PH 1:</b>	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			24 AT	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of  D. If amending the registered agent and new registered agent and/or the new	FFICE BOX) or registered office addre	804 NICHOLAS PLA CAPE CORAL, FL	33990	
Name of New Registered Agent THOMAS W. HILL				
New Registered Office Address:	CAPE CORAL	S PUWY E STE L et address)  City)	ida <u>33990</u> (Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar w	vith and accept the obligations of th	ne position.	
1 The	en W M Signature of New R	egistered 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>\$V</u>	Satly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
<del></del>			
5) Change			
Add			
Remove			
6) Change			
Add		<del></del>	
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del></del>	
	N/A
	<del></del>
	at any analogoification or concellation of issued shares.
nrovisions for implementing the an	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	NIA
	<del></del>

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendn flicient for approval.	nent(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s):	atement :
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and share	holder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sharehold	ler
Dated 07/15	12019	
(By a d	lirector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	been r court
	WOLFGANG SCHNETZER (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	