P1300019659

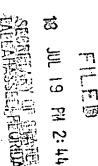
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

Antimicrobia NAME OF CORPORATION:	I Applications Inc.
P13000019659 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	matter to the following:
Vince DiNova	
Antimicrobial Applica	Name of Contact Person ations Inc.
1010 Lumsden Trace	Firm/ Company e Circle
Valrico, FL 33594	Address
	City/ State and Zip Code
killmicrobes@verizon.net	t
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, plo	ease call:
Vince DiNova	813 4654257
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	<u> </u>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

n

Articles of Incorporation of

FILED

Antimicrobial Applications Inc.	18			PH			
(Name of Corporation as currently filed with the Florid	da Dentre	f-Sta	te): Y	- AF	ui.	TF4	
P13000019659	TAE	EAH	CC		ÉÜR	IJA.	
(Document Number of Corporation (if known	own)	,				.	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit	Corp	orati	on ad	opts	the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:							T)
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	'. A profe						
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u></u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)							
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				e nan	e of	the_	
Mane of New Regimered Ingen							
(Florida street a	ddress)						
New Registered Office Address:			Fic	orida_			
(City)			_,		6	Zip Code)	,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with			oblig	ation:	s of t	he positi	o n .
Signature of New Registered Agen	it, if chang	ing					

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 <math>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.

<u>X. Change</u>	<u>PT</u>	John Do	c		
X Remove	<u>v</u>	Mike Jo	nes		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change		_	n/a 		
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change					
Add		_		•	
Remove					
6) Change		_			
Add					
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary). n/a	(Be specific)
•	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
Shares are to be issued as follow	
Anthony DiNova 333 Shares, Ch	arles Struth 333 Shares

The date of each amendment(s	adoption:
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
7/2/20 Dated Signature	013
(By sele	a director, president or other officer – if directors or officers have not been octed, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Anthony DiNova
	(Typed or printed name of person signing)
	President
	(Title of person signing)