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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON: RMS WAT	ERWORX TRI	ock WASH
DOCUMENT NUMBER	:: <u>+1400</u>	00061494	,
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	TV
Please return all correspon	dence concerning this ma	tter to the following:	•
_	ROBIN M	1. SUAREZ Name of Contact Person	<u>. </u>
<u> </u>	MS WATER	Firm/ Company	CK WASH
· · · · · · · · ·	851 WOOD9	ATE TRU. Address	
_	LONGHOOD, F	FL. 32750 City/ State and Zip Code	e
RL	SVTEC @ Grv E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
ROBIN M.		at (954.	b 28 4102 de & Daytime Telephone Number
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing	Address	Street	Address

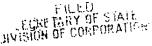
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of



KMS_	WATERWORX	TRUCK	MASH	25 AM 9: 41
	(Name of Corporati	on as currently f	iled with the Florida Dept. of	Shite UL 2
	. 1	140C	200674°	76
	(Docum	nent Number of C	orporation (if known)	
Pursuant to the provisi its Articles of Incorpor	ons of section 607.1006, Floridaration:	Statutes, this Flo	orida Profit Corporation adopts	s the following amendment(s) to
A. If amending name	e, enter the new name of the co	rporation:		
				The new
"Corp.," "Inc.," or C	nuishable and contain the wor Co.," or the designation "Corp, rofessional association," or the	," "Inc," or "Co	". A professional corporation	d" or the abbreviation name must contain the
B. Enter new princip	pal office address, if applicable	• .	851 NOODGATE	TRL
(Principal office address MUST BE A STREET ADDRESS)			Longinboo, Fl.	32750
C. Enter new mailin	g address, if applicable:			
(Mailing address)	(Mailing address MAY BE A POST OFFICE BOX)	<u>X</u>)	851 MOODGAFTE	IKL
			LONGWOOD, FL	. 32750
	egistered agent and/or register ent and/or the new registered		in Florida, enter the name of	fthe
Name of New	Registered Agent			
		(Florida street	address)	
New Register	ed Office Address:		. Flo	orida
Trew Hogaster	ca Office Haar cop.	(C		(Zip Code)
	nt's Signature, if changing Reg		l I all a silient and af	the - naition
i nereby accept the ap	pointment as registered agent.	ı am jamıllar wili	n ana accept the obligations of	ine position.
	Sign	ature of New Reg	istered 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 <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.

Example: X Change	<u>PT</u> <u>Johr</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	ANGEL L. ROMAN	851 NOODGATE TRU Langnood, FL:32750
2) Change Add Remove		DAVID SUAPEZ	4201 SW 32 ST. WEST PAPK, Fl. 33023
3) Change Add Remove		:	
4) Change Add Remove			<u> </u>
5) Change Add Remove		<u> </u>	·
6) Change Add Remove			

	ing additional Articles eets, if necessary). (B	Se specific)		
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an amendment pr	ovides for an exchang	e, reclassification, or car	icellation of issued shares,	
provisions for impl	ementing the amendm le, indicate N/A)	ent if not contained in th	he amendment itself:	
(у погаррисаот	e, inaicale N/A)	,		
		· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	OF URETARY BE STATE
(no more than 90 days after amendment file date)	ARTHUM OF CORPORATION
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be insted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(statement (s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Dated 7.21-Ita	
Signature (By a director, president or other officer – if directors or officers have no	t heen
selected, by an incorporator – if in the hands of a receiver, trustee, or oth	
appointed fiduciary by that fiduciary)	
SOMEL SUREZ	
(Typed of printed name of person signing)	
VP	
(Title of person signing)	