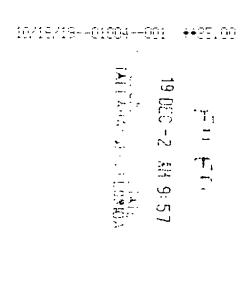
## P140000 95860

(Requestor's Name)
(Address)
(Address)
(City/State (Zin/Dhone #A
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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T SCHROEDER

## COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Entrop DOCUMENT NUMBER: P14 00	O0095860 Design, Inc			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Tani Fitzpatrick  Name of Contact Person  Entropy Technology Design, Inc.  Virm/ Company  Address  Lutz FL 33549  City/ State and Zip Code  + Fitzpatrick @entropydesigns.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, ple	ase call:			
Tami Fitz Atrick Name of Contact Person	at ( <u>813</u> ) <u>361-9475</u> Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made				
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)			
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

Articles of Incorporation

of	7
Entropy   echnology	JUSION INC.
P14080095860	
	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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 must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)  D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	(Circ) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of Vino D	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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	Address
1) Change	D Oveda Hancock	10006 Cross Creek
Add		Blvd.#415
Remove		Tampa, FL 3364/
2) Change		A 7 19
Add		
Remove		rs r
3 ) Change		
Add		- <del> </del>
Remove		<u> </u>
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
,		
N/A		
, .		
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	)	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	9	
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)	, 1 , 73	
NIT	-	1
	.5,, 3	: 1 }
	<del></del>	
	57	
		<del> </del>
	<u> </u>	

The date of each amendment(s) adoption:	_, if other than the
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 statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	<u>س</u>
"The number of votes cast for the amendment(s) was/were sufficient for approval	· 명 구:
by	C)
(voting group)	rs [
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	至9.5
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	<u> </u>
Dated Nav. 5, 2019	
Signature (By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Tami Fitzpatrick	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	