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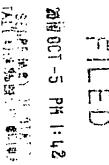
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ACLM, INC. DOCUMENT NUMBER: P15000000669 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KODY R ANDERSON Name of Contact Person ACLM, INC. Firm/ Company 159 NE 9TH STREET Address CRYSTAL RIVER, FL 34428 City/ State and Zip Code tdallairecpa@cohendallaire.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 352 ) 563-1300

Area Code & Daytime Telephone Number TERRI L DALLIARE CPA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, Fl. 32301

Tallahassee, Fl. 32314

## Articles of Amendment to Articles of Incorporation of

ACLM, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P15000000669 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	KASEY L MOORE	15452 ARVIN DRIVE
Add X Remove			BROOKSVILLE, FL 34604
2) X Change	SV	KEITH A ANSERSON	6689 W COUNTY CLUB DR
Add			HOMOSASSA, FL 34448
Remove			
3 ) Change			
Add			<del></del>
Remove			
4) Change		<del></del>	
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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If an amandment provider for an evel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
	-

The date of each amendment/ov	SEPTEMBER 28, 2017	ir ash a shaa sh
The date of each amendment(s) a date this document was signed.	дорноп:	, if other than the
•	TOBER 1, 2017	
Effective date if applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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)	
	(voting group)	
☐ The amendment(s) was/were accaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated / 9	-28-17	
(By a select	director, 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 need fiduciary by that fiduciary)	
	KODY R ANDERSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	