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2021 JUN 10 PH 5: 15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EZ WATER PROOFING, INC							
DOCUMENT NUMBER: PLOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Eric S. Cook Name of Contact Person EZ Water proofing, inc Firm/ Company Address Address							
City/ State and Zip Code Kyle3108@ Covo Covo E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:							
Eric S - Cook at (386) 478 - 9665 Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, F1, 323142415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently fil	ed with the Florida Dent, of State)
Oll of Composition as currently in	THE THE PROPERTY OF THE PARTY
(Document Number of Co	rooration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	•
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "compulsion," or Co.," or the designation "Corp," "Inc," or "Co". A pr "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/A
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	in Florida, enter the name of the
(Florida street a	ddress)
New Registered Office Address: (City	Florida
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 Regis	ered Agent, if changing
Check if applicable	ن ٠.
\square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e),	F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>\</u>	Zachning Pantieo	214 Kirkland rd.
Add Remove Change Add	<u> </u>	Matthew Bowman	apt B Newsmyrrabah, FL 32760 1734 Cape Coral Phwy E Cape Coral, FL 33904
Remove Change			
Add Remove 4) Change Add			
Remove 5)ChangeAdd			
Remove 6) Change Add			
Remove			

<u>If am</u>	ending or adding additional Articles, enter change(s) here: the additional sheets, if necessary). (Be specific)
N	
_	
lf an	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	nia

The date of each amendment(s) adoption: N/A date this document was signed.		, if other than the
Effective date if applicable:	NIA	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder acti	ion and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
☐ The amendment(s) was/were apmust be separately provided for	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	2021
by	<u> </u>	
	(voting group)	2021 JUN 10
	7171	P
Dated O	1/21	ů.
Signature	ie Cook	· · · · · · · · · · · · · · · · · · ·
(By a c	director, president or other officer – if directors or officers have not been	
selecti	ed, by an incorporator - if in the hands of a receiver, trustee, or other cour	rt
арроіі	ited fiduciary by that fiduciary)	
	Fric Cook	
	Eric Cook (Typed or printed name of person signing)	
	^ .	
	<u>tresident</u>	
	(Title of person signing)	