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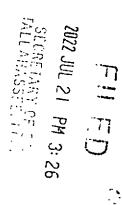
(Re	questor's Name))
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EZ WOH	erproofing, Inc
DOCUMENT NUMBER: PIUCO	22072
The enclosed Articles of Amendment and fee are sub-	omitted for filing.
Please return all correspondence concerning this matter	ter to the following:
	Name of Contact Person LY Proofing INC Firm/ Company
1000 1001	12.4n ln
	Address 3 2003
- ape a	Orcul FL 33993 City/ State and Zip Code
E-mail address: (to be use For further information concerning this matter, please	ed for future annual report notification)
Name of Contact Person	at (380) 478-9665 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	
Enclosed is a check for the following amount made pa	ayable to the riorda Department of State.
\$35 Filing Fee	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

tz waterprating;	NC Corporation as currently f	filed with the Florida Dept. of State)	
Phonopale	7.3		
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Flo</i>	dorida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name	e of the corporation:		
α			The new
	p," "Inc," or "Co". A p	mpany," or "incorporated" or the abbreviation professional corporation name must contain	
B. Enter new principal office address, if a	applicable:	DIA .	
(Principal office address MUST BE A STR.	EET ADDRESS)		
			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		NIA	·
D. If amending the registered agent and/o		ss in Florida, enter the name of the	
new registered agent and/or the new re	egistered office address:		
Name of New Registered Agent 🔝	n/H		
_	(Florida street	t address)	
New Registered Office Address:		. Florida	
	(C	Tity) (Zip Ce	xle)
N D			
New Registered Agent's Signature, if char I hereby accept the appointment as registere		th and accept the obligations of the position.	
, ,			
	Cionatus -CM D	intered Arout Enhancing	
	Signature of New Reg	istered Agent, if changing	
Check if applicable			

☐ 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.

Example: X Change	<u> Б.โ.</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	S	Billy HOSKINS	1700. Halifax Au
X Add			COXHIII, FL 32759
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			·
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	ge(s) here:
Alu	
12 1	
	
F. If an amendment provides for an exchange, reclassific provisions for implementing the amendment if not co (if not applicable, indicate N/A)	ration, or cancellation of issued shares, ontained in the amendment itself:
# 1-1-T	
	<u></u>
	

The date of each amendment(s) adoption: Y/A	, if other than the
date this document was signed.	
Effective date if applicable: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Effective date if applicable: \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{\bar	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will need document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and slaction was not required.	ıareholder
☐ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy"	
hy" (voting group)	
Dated 6-14-22 Signature Edu Cak	
Signature Eta Cock (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)	
Fric Cook	
(Typed or printed name of person signing)	
Areside: 1+	
(Title of person signing)	