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SEURETARY OF CIRCLAND SIGNATION

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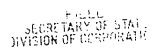
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: AGR RECOVERY	SOUTHWEST INC.		
DOCUMENT NUM	P16000008043			
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	CHRISTIAN BURNS			
•		Name of Contact Person	1	
	·	Firm/ Company		
•	7368 WESTPORT PLACE	Time Company		
Address				
	WEST PALM BEACH, FL	33413  City/ State and Zip Code	<u>e</u>	
ř		0.19, 0.1112 u.i.u 2.1p 000	-	
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
CHRISTIAN BURN	NS	at (	719-1264	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
<b>⊻</b> \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



2016 DEC 16 AM 11:31

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)
AGR RECOVERY SOUTH WEST INC	PHON	20982112
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na AGR RECOVERY SOUTHWEST INC.	me of the corporation:	The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicables	N/A
(Principal office address MUST BE A S		
C. Entau now mailing address if annii	ashlor	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	N/A	
,		
	(Florida s	street address)
New Registered Office Address:	N/A	Florida
www.negisierea Office Hauress.		(City) (Zip Code)
New Registered Office Address:		, Florida(City) (Zip Code)
New Registered Agent's Signature, if cl	nanging Registered Ager	ut:
		with and accept the obligations of the position.
NA		
	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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_		,	
Add					
Remove					
5) Change					
Add		_			
Remove					
2.50.12					AND
6) Change		_			
Add					
Remove					

E. <u>If amending or adding additional Article</u> (Attach additional sheets, if necessary).	(Be specific)
N/A	
-	
7	
<del></del>	
E If an amount of the C	11.00
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment		<u> </u>	if other than th
date this document was signed	12/12/2016	SECRETAR Division of U	Y OF STATE ORFORATION
Effective date if applicable:		<u> </u>	
	(no more than yo	days after amendment file QQAD DEC \ 8	) ACTIL DI
Note: If the date inserted in a document's effective date on the	his block does not meet the applicate Department of State's records.	ble statutory filing requirements, this date	e will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The resufficient for approval.	number of votes cast for the amendment(s)	ı
	e approved by the sharcholders throu d for each voting group entitled to vo	ngh voting groups. The following statement ote separately on the amendment(s):	11
"The number of votes	cast for the amendment(s) was/were	sufficient for approval	
by		,,,	
	(voting group)		
The amendment(s) was/wer action was not required.	e adopted by the board of directors w	vithout shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators witho	ut shareholder action and shareholder	
Dated	12/14/16	<del></del>	
Signature	U33 /E	9	
(B) sc		r – if directors or officers have not been hands of a receiver, trustee, or other court	<del></del>
	CHRISTIAN BURNS		
	(Typed or printed na	ame of person signing)	
	PRESIDENT	•	
	(Title of	person signing)	