P1700000 4306

(Re	questor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Amendico

JUN 22 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>E2</u> DU	imps INC	
DOCUMENT NUMB	er: <u>P1700</u> 000	1300	
The enclosed Articles of	f Amendment and fee are st	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
-	Steff	Name of Contact Perso	<u>S</u> .
-	Ez Dum	PS INC Firm/ Company	
-	P. O Box		
-	Pembroke	Pines FC 3: City/ State and Zip Cod	3026
	~ 1	ams 1991 @ 4 cl	
For further information	concerning this matter, pleas	se call:	
	Williams	at (_ <u>78 (</u>	, 296-3640
Name 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:
S35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
5.6 . 111	4 1 1		

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

EZ Dumos INC	
	tly filed with the Florida Dept. of State)
P 1700009306	
	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
N/A	The _new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1258 NW 144 + errace
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Pembroke Pines Fl 33028
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	P.O Box 260946 Pembroke Pines FL 33096
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
friorida s	treet address)
New Registered Office Address:	Cityj (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	at: 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.

X Change	PT John I	<u>)oe</u>	
X Remove	<u>V</u> <u>Mike</u> .	loneş	
X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s i
1) Change			N/A
Add			,
Remove			·
2) Change			NA
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			NA
Add			
Remove			
5) Change			AIM
Add			
Remove			
6) Change			NA
Add			
Pamovu			

<u>If amending</u> (Attach <i>additi</i>	<u>or adding addit</u> ional sheets, if ne	ional Articles, en cessary). (Be sj	iter change(s) h pecific)	<u>ere</u> :			
NA							
							
		<u> </u>					
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							<u></u>
							
If an amendr	nent provides fo	or an exchange, r g the amendment	eclassification,	or cancellation	of issued shares,		
fif not a	pplicable, indica	te N/A)	ii not Containe	o <u>m</u> cue amenor	nent asen.		
N/A							
11-1-1-1-							
						<u> </u>	
					· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: NA	, if other than the
date this document was signed.	
Effective date if applicable: (110 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated May 28, 2019	
Signature	-
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(rine or person signing)	