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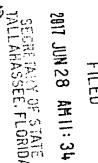
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C. GOLDEN

JUL - 6 2017

COVER LETTER

Division of Corporations NAME OF CORPORATION: WULFF Essential Services Inc. DOCUMENT NUMBER: P17000038447 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mitchell A. WUIFF Firm/ Company 11260 RANCH CREEK TERRICE #319 FL City/ State and Zip Code Hessentialservicesince anail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

FILED

Wulff Essential Services,	Inc.
_	
P17000038447	SEUL TEMY OF STATE of Corporation (if known) TALLAMASSEE, FLORIDA
(Document Number of	of Corporation (if known) JALLAMASSEE, FLORIDA
resuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation:	
NIA	The now
me must be distinguishable and contain the word "corporation of the corporation of the word "corporation"." or Co.," or the designation "Corp.," "Inc.," or "chartered," "professional association," or the abbreviation of the company	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	NA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
	<u>i.</u>
Name of New Registered Agent Name of New Registered Agent	
. *	reet address)
New Registered Office Address: Y	, Florida (City) (Zip Code)
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent	
nereby accept the appointment as registered agent. I am familiar	
×1/	/
	Paristand Agant if abayaina

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>	Name	<u>Addres</u> s
1) X Change	D	MITCHELLA.WULFF	11260 RANCH CREEK TERRACE
Add			Apt #319
Remove			LAMEWOOD RANCH, FL 34211
2) Change	P	RAYMOND BISHOP	10238 oasis Palm Dr.
_ X Add			Tampa, FL 33615
Remove			·
3) Change		N/A	
Add		,	
Remove			·
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		_ N/A	
Add			
Remove			

E. <u>If amending or adding</u> . (Attach <i>additional shee</i>	additional Artic	les, enter change	s) here:		
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NA			· · · · · · · · · · · · · · · · · · ·		
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***************************************	PAGE CONTRACTOR OF THE				
F. If an amendment prov	ides for an excha	nge, reclassificati	on, or cancellatio	n of issued shares	
provisions for implen	nenting the amend	dment if not cont	ained in the amen	dment itself:	
(if not applicable,	indicate N/A)				
NA					
, ,					
			-		

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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: no more than 90 days after amendment y	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	airements, this date will 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 by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	u
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d shareholder
Dated 00/22/17	
Signature when will	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, trus	
appointed fiduciary by that fiduciary)	tee, or other court
MITCH WULFF	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	