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(Re	equestor's Name)	
(Ad	idress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	■ WAIT	MAIL
		
(Bu	isiness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Cortificatos	of Status
Certified Copies	_ Certificates	oi Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: SEVERE WEATH	ER SOLUTIONS, INC.			
DOCUMENT NUMB	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	CODY COLLIGNON				
		Name of Contact Person			
	SEVERE WEATHER SOLUTIONS, INC.				
		Firm/ Company			
	18463 SPANISH ISLES COURT				
	<u> </u>	Address			
	BOCA RATON, FL 33496				
		City/ State and Zip Code			
CO	DY@SWSIMPACT.COM				
	E-mail address: (to be used for future annual	report notification)		
For further information	n concerning this matter, plea-	se call:			
CODY COLLIGNON		at (<u></u>	415-4877		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
□ \$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		Divisio	lment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SEVERE WEATHERSOLUTIONS, INC.	S	20,20
(Name of Corporation as currently filed with the Florida Dept. of State)	ECRET/ TALLA	20 AUG
(Document Number of Corporation (if known)	HAS	7
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>corporation</i> adopts the following Incorporation:	ng ame神紀nt(s	
A. If amending name, enter the new name of the corporation:	17	<u>5</u> 3
		_The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation nan "chartered," "professional association," or the abbreviation "P.A."	the abbreviatione must contain	n "Corp.," 1 the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. Mamending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	of the	
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:, Florida, Florida	(Zip Code)	•
(Chy)	(z.p Code)	
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	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.

Example: X Change	<u>PT</u>	John Doc	
-			
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	SAMANTHA MICHAELLE LARRY	18463 SPANISH ISLES COURT
X Add			BOCA RATON, FL 33496
Remove			
2) Change			
Add			
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			••••
Add			
Remove			
6) Change			
Add			
Remove			

\ accordance with s. 607,604, F.S.	required minimum status vote, elects to be a Florida Profit Benefit Corpor
The purpose for which the benefit corpor	ration is organized is to create a general public benefit and:
	
The general and/or specific public benefit follows (optional):	it(s) to be created by the corporation (in addition to its general purpose) is/
	· · · · · · · · · · · · · · · · · · ·
-	\
The additional qualifications of Benefit I	Director(s), if any, are as follows:
The name(s) and address(es) of the Bene	fit Director(s) and/or Benefit Officer(s), if any:
Name and Title:	Name and Title:
Address:	Addres:
· · · · · · · · · · · · · · · · · · ·	(Include attachment if necessary)
	(metade attachment in necessary)
The corporation, in accordance with the r	required minimum status vote, terminates its status as a Florida Profit Bene 05, F.S. The revised purpose for which the corporation is organized is as fo
Corporation in accordance with 8, 607.60	13. F.S. The revised purpose for which the corporation is organized is as to

\is:	
The public benefit for which the corp	oration is organized is:
	•
The specific public benefit(s) to be er	reated by the corporation (in addition to the above) is/are as follows (optional).
	\
The additional qualifications of Rana	fit Director(s), it any, are as follows:
The additional qualifications of Bene	III Pricetor(s), it any, are as follows.
	5.0:
	enefit Director(s) and/or Benefit Officer(s), if any: Name and Title:
Name and Title:	Name and Title:
	Name and Title:
Name and Title:	Name and Title:
Name and Title:	Name and Title: Address:
Name and Title:	Name and Title:
Name and Title:	Name and Title: Address: (Include attachment if necessary) the required minimum status vote, terminates its status as a Florida Profit Socio
Name and Title:	Name and Title: Address: (Include attachment if necessary)

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

G.	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ΑD	DING SAMANTHA MICHAELLE LARRY AS OFFICER (SECRETARY)
_	
_	
	
	
н.>	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	· · · · · · · · · · · · · · · · · · ·

•	08/10/2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed. 0	98/10/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/10/20 Dated	ed alline	
(By a	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	CODY COLLIGNON	
	(Typed or printed name of person signing)	
	PRESIDENT, DIRECTOR	
	(Title of person signing)	