## P18000035755

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BTU SOLUTION	S, CORP		
DOCUMENT NUM	BER: P18000035755			
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	EDUARDO A DELFINO			
	<del></del>	Name of Contact Perso	n	
	BTU SOLUTIONS, CORP			
		Firm/ Company		
	135 WESTON RD SUITE 1	!7		
		Address		
	WESTON, FL. 33326			
		City/ State and Zip Cod	c	
btuse	olutionscorp@gmail.com			
	<del>-</del> -	sed for future against report	notification)	
For further information	on concerning this matter, pleas	se call:		
EDUARDO A DELF	ANO	954 ar (	548-8111	
Name	Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	or 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 Street Address			
	endment Section	Amendment Section		
	ision of Corporations  - Box 6327	Division of Corporations		
	ahassee, FL 32314	Clitton Building 2661 Executive Center Circle		
1 (1)	the second section of the second section of the second section	Tallahassee, Fl. 32301		

## Articles of Amendment to Articles of Incorporation of

111	1.30	H.L.	111	DNS	 H 11

(Name	of Corporation as curren	itly filed with the Florida Dept. of State)		
P18000035755				
	(Document Number	of Corporation (if known)	<del></del>	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following	lowing amend	lment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			The n	1ew
	nation "Corp." "Inc." or	ion," "company," or "incorporated" or i "Co". A professional corporation name i "P.A."	the abbreviat	ion
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address <u>MUST BE A S</u>		N/A		_
		N/A		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		135 WESTON RD SUITE 117		_
		WESTON, FL. 33326		
		-	2019 SE	_
			2019 JUN י אַבְּטְאְבְּייִ	
<ol> <li>If amending the registered agent ar new registered agent and/or the ne</li> </ol>				
Name of New Registered Agent	N/A		n n nc A	
	N/A		A	
	ıFlorida s	street address) t		
New Registered Office Address:	135 WESTON RD SUIT	TE 117, WESTON . Florida 333	326	
	(City)		(Zip Code)	_
		,	(any to the	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: r with and accept the obligations of the posit	tion.	
	Signature of New	Registered Agent, if changing	<del></del>	

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:

 $P \sim President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairmon or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.$ 

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	$\underline{sv}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	GREG NETZER	17707 ROBARTS RD
X Add			SPRINGHILL, FL 34639
Remove			
2) Change	N/A		
Add			
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 additional Art</u> (Attach additional sheets, if necessary)	ticles, enter change(s) here: (Be specific)	
N/A	•	
		·
<del>-</del>		<del></del>
		<u></u>
<del> </del>		
<del></del> - ·		
F. If an amendment provides for an evol	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
N/A		
		<del></del> ,
		<del></del>
- <del></del>		<del></del>

The date of each amendment(s date this document was signed.	) adoption:	, if other than the
	<b>₩</b> A	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment( sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by N/A		
	(voting group)	
action was not required.  The amendment(s) was/were	adopted by the board of directors without shareholder action and sharehold adopted by the incorporators without shareholder action and shareholder	er
action was not required.	M	
5/20/20 Dated	19	
Signature	a director, president or other officer — directors or officers have not been	
sete	eted, by an incorporator – if in the hand of a receiver, trustee, or other coulointed fiduciary by that fiduciary)	
	EDUARDO A DELFINO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of pareon ciuning)	<del></del>