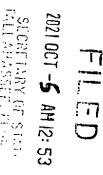
P1800035755

Office Use Only



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10/05/21--01025--001 **85.00



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BTU Solutions, Corp DOCUMENT NUMBER: P18000035755 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eduardo A Delfino Name of Contact Person BTU Solutions, Corp. Firm/ Company 9737 NW 41st St STE 602 Address Doral, FL, 33178 City/ State and Zip Code btusolutionscorp@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eduardo A Delfino Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filling Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2021 OCT - **5** AH 12: 53

BTU Solutions, Corp	SECRETARY OF STATE AND SECRETARY OF STATE OF STA
(Name of Corporation as curren	tly filed with the Florida Dept. of State ASSE.
P18000035755	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this	
ts Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	77
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
t Comment of the Comm	N/A
- Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
,	
Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
1. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent N/A	
(Florida st	treet address)
New Registered Office Address: N/A	, Florida
ite registered office runness.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New k	Registered Agent, if changing
heck if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doe	
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>	<u>Addres</u> s
1) Change	D	Alfredo G Delfino	8725 AZALEA CT #203
Add X Remove			TAMARAC, FL 33321
2) Change			
Add Remove Change			
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

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If an amendment provides for an e	exchange, reclassification, or	cancellation of issued sh	ires.
provisions for implementing the a	amendment if not contained	in the amendment itself:	
(if not applicable, indicate N/A)		
			
		<u>.</u>	
A			

,

The date of each amendment(s) date this document was signed.	adoption:	if other than the
Ç		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and sl	hareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were ap	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/3/2021 Dated		
Signature		
selecte	director, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)	
	Eduardo A Delfino	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	