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G GOLDEN

SEP - 4 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: H & H Deluna Ho	oldings Inc.	
DOCUMENT NUMB			
	of Amendment and fee are su	ebmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
(	Clayton Henderson		
-		Name of Contact Persor	1
	H & H Deluna Holdings Inc	2	
-		Firm/ Company	
;	21 S Tarragona Street Sui	te:103	
-		Address	
	Pensacola, FL 32502		
-		City/ State and Zip Cod	e
clayto	nsellspensacola@gmail.co	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Clayton Henderson		850	565.0529
Name of Contact Person Area Code & Daytime Telephone			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Indiment Section Ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

H & H Deluna Holdings Inc.

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(Name of Corporation as currently	filed with the Florida Dept. of State) URETARY OF STA
P18000063029	IALLAHASSEE, FL
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this atticles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" (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: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Ro	gistered 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	<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>	Namo	<u>e</u>	Address
1) Change	0	Clay	ton R Henderson	362 Gulf Breeze Pkwy #379
Add				Gulf Breeze, FL 32561
X Remove				
2) Change	0	Erik	T Hansen	21 S Tarragona Street
Add				Suite: 103
X Remove				Pensacola, FL 32502
3 ) Change		_		<del></del>
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Clayton R Henderson - Shareholder	
Erik T Hansen - Shareholder	
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not approach, marcait 1991)	
· · · · · · · · · · · · · · · · · · ·	

	08.23.2018	
The date of each amendmen		, if other than t
date this document was signe	d.	
	08.23.2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	!
"The number of vot	es cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
	23.2018	
Dated		
Signature _	<u> </u>	
(	By a director, president or other officer - if directors or officers have not been	
:	selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
,	appointed fiduciary by that fiduciary)	
	Clayton R Henderson	
	(Typed or printed name of person signing)	
	Officer	
	(Title of person signing)	<del></del>