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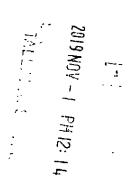
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LUKAS WELDS CO. DOCUMENT NUMBER: P19000037749 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OSCAR J NAVARRO Name of Contact Person LUKAS' WELDS CO. Firm/ Company 434 E VENTURA AVE Address CLEWISTON, FL 33440 City/ State and Zip Code DOKO40@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OSCAR J NAVARRO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filling Fee □\$43.75 Filing 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 Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

of

	lickas'	welds co	J .
(Name of Corporati	ion as currently filed v	vith the Florida Dept. of	State)
(Docur	ment Number of Corpor	ation (if known)	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida</i>	Profit Corporation adopts	s the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:		
		·	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o, " "Inc, " or "Co". A		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI			
			20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		2019 N
			
D. If amending the registered agent and/or register new registered agent and/or the new registered		lorida, enter the name of	f the
Name of New Registered Agent			£-
Name of New Registered Agent		77 H 2 V 3 V 3 V 3 V 3 V 3 V 3 V 3 V 3 V 3 V	
	(Florida street addre	SS ?	
New Registered Office Address:		. Flo	orida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		accept the obligations of t	the position
Sign	ature of New Registered	l 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: CEO - 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 Doc	
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	VP	OSCAR J NAVARRO	434 E VENTURA AVE
Add			CLEWISTON, FL 33440
X Remove			
2) Change	VP	ENRIQUE DAVID NAVARRO	434 E VENTURA AVE
XAdd			CLEWISTON, FL 33440
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
Remove			

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an amendment provides for an exch	ange, reclassifica	tion, or cancellat	ion of issued sh	ares.	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassifica	tion, or cancellat	ion of issued sh endment itself:	ares.	
provisions for implementing the ame	ange, reclassifica ndment if not cor	ition, or cancellat itained in the am	ion of issued shendment itself:	ares.	
provisions for implementing the ame	ange, reclassificandment if not cor	ntion, or cancellate the amount of the amoun	ion of issued shendment itself:	ares.	
provisions for implementing the ame	ange, reclassificandment if not cor	ntion, or cancellate the amount of the amoun	ion of issued shendment itself:	ares.	
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an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate NoA)	nange, reclassificandment if not con	ntion, or cancellar	ion of issued shendment itself:	ares.	

The date of each amendment(s date this document was signed.	e) adoption:	, if other than the
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.	date 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 of sufficient for approval.	n(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	rment
	east for the amendment(s) was/were sufficient for approval	
py	(voting group)	
	(County group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder.	lder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/28/2 Dated		
Signature		
sele	a director, president or other other—if directors or officers have not be ected, by an incorporator—if in the hands of a receiver, trustee, or other content fiduciary by that fiduciary)	
	OSCAR J NAVARRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	