

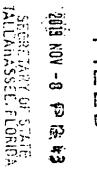
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | ION: GIGLIO GO | LD INC | | | |
|-----------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| DOCUMENT NUMBER | : <u>P19000052034</u> | | | | |
| The enclosed Articles of A | mendment and fee are su | ibmitted for filing. | | | |
| Please return all correspon | dence concerning this ma | atter to the following: | | | |
| | Sean Ro | wland | | | |
| | Name of Contact Person | | | | |
| | DHSI INC | 3 . | | | |
| Firm/ Company | | | | | |
| 5781 LEE BLVD STE 208-236 | | | | | |
| | Address | | | | |
| | LEHIGH | ACRES, FL 33971 | | | |
| | | City/ State and Zip Cod | le | | |
| | Dina nin ni | A -41 ** | | | |
| | E-mail address: (to be us | @dhsiinc.com sed for future annual report | notification) | | |
| For further information cor | ncerning this matter, pleas | se call: | | | |
| Sean Rowland | | at (239 |) 908-1312 | | |
| Name of Contact Person | | | de & Daytime Telephone Number | | |
| Enclosed is a check for the | following amount made | payable to the Florida Dep | 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 | | | Address | | |
| | ent Section | | Iment Section | | |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | | | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | | — | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GIGLIO GOLD INC

| (Name of Corporation as | currently tilea with the ribrida Deat. Dr State) / / / |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| | currently filed with the Florida Dept. of State) |
| P19000052034 | <u> </u> |
| (Document N | Number of Corporation (if known) 2015 WW - 8 P 23 13 |
| uant to the provisions of section 607.1006, Florida Statuticles of Incorporation: | utes, this Florida Profit Corporation adopts to following amendment |
| If amending name, enter the new name of the corpora | ation: |
| | The new |
| e must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "Industrial "professional association," or the abbre | |
| Enter new principal office address, if applicable: | N/A |
| ncipal office address <u>MUST BE A STREET ADDRES.</u> | <u>s</u>) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| | |
| | |
| | |
| | |
| If amending the registered agent and/or registered of | ffice address in Florida, enter the name of the |
| If amending the registered agent and/or registered of new registered agent and/or the new registered office | |
| new registered agent and/or the new registered office | |
| | |
| Name of New Registered Agent N/A | e address: |
| Name of New Registered Agent N/A | |
| Name of New Registered Agent N/A | e address: |

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: <u>X</u> 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) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | D | ROWLAND, SEAN D | 8042 SILVER BIRCH WAY |
| Add X Remove | | | LEHIGH ACRES, FL 33971 |
| 2) Change | D | MICHETTI, MARIO | 23151 FASHION DR STE 213 |
| Add | | | ESTERO, FL 33928 |
| X Remove 3) Change | <u>P</u> | DHSI INC. | 5781 LEE BLVD STE 208-236 LEHIGH ACRES, FL 33971 |
| Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| 'A | | ticles, enter change (Be specific) | | | |
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| | | change, reclassifica | tion, or cancellation | of issued shares, nent itself: | |
| provisions for i (if not appli | t provides for an exmplementing the articable, indicate N/A) | nendment if not con | taines in the maches | | ···· |
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| The date of each amendment(s) adoption: | , if other than the |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| date this document was signed. | |
| Effective date if applicable: | _ |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records. | late will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval. | t(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s): | nent |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | der |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated | |
| Signature | _ |
| (By a director, president or other officer - if directors or officers have not bee | |
| selected, by an incorporator - if in the hands of a receiver, trustee, or other co | ourt |
| appointed fiduciary by that fiduciary) | |
| Sean Rowland | |
| (Typed or printed name of person signing) | |
| Registered Agent | |
| (Title of person signing) | |