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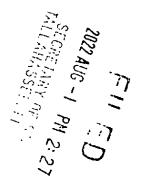
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME O	F CORPORA	TION: INDUSTRUS SOL	UTIONS, INC	
		R:		· · · · · · · · · · · · · · · · · · ·
		Amendment and fee are sul	bmitted for filing.	
Please ret	urn all correspo	ondence concerning this ma	tter to the following:	
			PETER A. JOSEPH	
	_		Name of Contact Persor	
		IND	USTRUS SOLUTIONS, IN	NC
	_		Firm/ Company	
			PO BOX 440174	
	_		Address	1.100
		JACK	SONVILLE, FL 32222	
			City/ State and Zip Code	2
		INFO	@INDUSTRUSINC.COM	
	_	E-mail address: (to be us	sed for future annual report	notification)
	er information	concerning this matter, pleas	se call:	. 868-5006
TELEK A		Contact Person	at (de & Daytime Telephone Number
		•		
Enclosed	is a check for t	he following amount made	payable to the Florida Depa	artment of State:
■ \$35 I	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)
1) 187	Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 lassee. FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

INDUSTRUS SOLUTIONS, INC	\$2 <u>8</u>	1	
(Name of Corporation as currently filed with the Florida Dept. of State) Ta	44	7 11
P20000005899	- ; ·	2	O
(Document Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	24	_

	INDUSTRUS SOLUTIONS, INC	99.12
(Name of Co	orporation as currently filed with the Florida	Dept. of State)
	P20000005899	'\ : `.
	(Document Number of Corporation (if known)
ursuant to the provisions of section 607.1006 s Articles of Incorporation:	5, Florida Statutes, this <i>Florida Profit Corpora</i>	tion adopts the following amendme
. If amending name, enter the new name	of the corporation:	
		The new
ame must be distinguishable and contain the Inc.," or Co.," or the designation "Corp, chartered," "professional association," or t	word "corporation," "company," or "incorpor " "Inc," or "Co". A professional corpora he abbreviation "P.A."	rated" or the abbreviation "Corp.,' tion name must contain the word
Enter new principal office address, if ap Principal office address MUST BE A STRE		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
If amending the registered agent and/or new registered agent and/or the new reg	r registered office address in Florida, enter t gistered office address:	he name of the
Name of New Registered Agent	PETER A. JOSEPH	
	6643 SANDLER LAKES DR	
	6643 SANDLER LAKES DR (Florida street address)	
New Registered Office Address:		. Florida 32222

Check 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)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	Р	PETER JOSEPH	288 DOVEFIELD CT
Add			ORANGE PARK, FL 32073
Remove 2) Change	P	PETER A. JOSEPH	6643 SANDLER LAKES DR
X Add			JACKSONVILLE, FL 32222
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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ch additional sheets, if necessary).	icles, enter change(s) he (Be specific)			
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amendment provides for an exc	<u>change, reclassification,</u> endment if not contain	<u>or cancellation of iss</u> ed in the amendment	<u>ueu snares.</u> itself:	
visions for implementing the am (if not applicable, indicate N/A)				
<u></u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			<u>. </u>	

The date of each amendment(s) ad date this document was signed.	option:	, 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 this bl document's effective date on the Dep	ock does not meet the applicable statutory filing re- partment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the e	
"The number of votes cast f	or the amendment(s) was/were sufficient for approve	al
by	(voting group)	
	(voling group)	
JULY 28, 2 Dated	022	
Signature	ector, president or other officer - if directors or officer	
selected	ector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, tred fiduciary by that fiduciary)	
	PETER A. JOSEPH	
	(Typed or printed name of person signing)
	PRESIDENT Peter A. Joseph	-

(Title of person signing)