## 1200000 47950

| (Re                     | questor's Name)   |             |
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| (Ad                     | dress)            |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   | <del></del> |
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O. GOLDEN

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## COVER LETTER

TO: Amendment Section

| Division of Corpo        | rations                                                                         |                                                                    |                                                                                                           |  |  |  |
|--------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|--|--|
| NAME OF CORPOR           | ATION: FAST WATER RE                                                            | ESTAURATION, INC.                                                  |                                                                                                           |  |  |  |
| DOCUMENT NUMB            | ER: P20000047950                                                                |                                                                    |                                                                                                           |  |  |  |
| The enclosed Articles e  | of Amendment and fee are su                                                     | bmitted for filing.                                                |                                                                                                           |  |  |  |
| Please return all corres | pondence concerning this ma                                                     | tter to the following:                                             |                                                                                                           |  |  |  |
| ,                        | FRANK CASTRO                                                                    |                                                                    |                                                                                                           |  |  |  |
| -                        | Name of Contact Person                                                          |                                                                    |                                                                                                           |  |  |  |
| -                        |                                                                                 | Firm/ Company                                                      |                                                                                                           |  |  |  |
| -                        | 19984 RIMA CIR.                                                                 |                                                                    |                                                                                                           |  |  |  |
|                          | BOCA RATON, FL 33434                                                            | Address                                                            |                                                                                                           |  |  |  |
| -                        | BOCK RATON, TE 33434                                                            | City/ State and Zip Cod                                            | <u>.                                    </u>                                                              |  |  |  |
|                          | frankeastro0581@gmail.com                                                       |                                                                    |                                                                                                           |  |  |  |
| -                        | ··- <u>-</u>                                                                    | sed for future annual report                                       | notification)                                                                                             |  |  |  |
| For further information  | concerning this matter, pleas                                                   | se call:                                                           |                                                                                                           |  |  |  |
| FRANK CASTRO             |                                                                                 | 561<br>at (                                                        | ) 945-7939<br>de & Daytime Telephone Number                                                               |  |  |  |
| Name o                   | f Contact Person                                                                | Area Co                                                            | de & Daytime Telephone Number                                                                             |  |  |  |
| Enclosed is a check for  | the following amount made                                                       | payable to the Florida Depa                                        | artment of State:                                                                                         |  |  |  |
| ■ \$35 Filing Fee        | ☐S43.75 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)                      |  |  |  |
| Ame<br>Divis<br>P.O.     | ing Address address address condition of Corporations Box 6327 hassee, FL 32314 | Amend<br>Division<br>The Co<br>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

FAST WATER RESTAURATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P20000047950 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: FAST ONE RESTORATION, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

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:

| X Change                      | <u>PT</u>                | John Doe    |                 |
|-------------------------------|--------------------------|-------------|-----------------|
| X Remove                      | $\underline{\mathbf{v}}$ | Mike Jones  |                 |
| _X Add                        | <u>\$V</u>               | Sally Smith |                 |
| Type of Action<br>(Check One) | Title                    | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |                          | N/A         | N/A             |
| Add                           |                          |             | <u></u>         |
| Remove                        |                          |             |                 |
| 2) Change                     |                          | _           |                 |
| Add                           |                          |             |                 |
| Remove 3) Change              |                          |             |                 |
| Add                           |                          |             |                 |
| Remove                        |                          |             |                 |
| 4) Change                     |                          |             |                 |
| Add                           |                          |             |                 |
| Remove                        |                          |             |                 |
| 5) Change                     |                          |             |                 |
| Add                           |                          |             | <u></u>         |
| Remove                        |                          |             |                 |
| 6) Change                     |                          |             |                 |
| Add                           |                          |             |                 |
| Remove                        |                          |             |                 |

| E. <u>If a</u> | mending or adding a<br>ach additional sheets, | idditional Artic | cles, enter chan<br>(Be specific) | ge(s) here:      |                   |             |             |
|----------------|-----------------------------------------------|------------------|-----------------------------------|------------------|-------------------|-------------|-------------|
|                | acti additional sheets,                       | y necessury).    | (be specific)                     |                  |                   |             |             |
| N/A            |                                               |                  |                                   |                  |                   |             |             |
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| F. <u>If a</u> | in amendment provid                           | ies for an exch  | ange, reclassifi                  | cation, or cance | ellation of issue | d shares,   |             |
| pr             | <u>ovisions for impleme</u>                   | nting the ame    | ndment if not c                   | ontained in the  | amendment its     | elf:        |             |
| N://           | (if not applicable, in                        | idicate N/A)     |                                   |                  |                   |             |             |
| N/A            |                                               |                  |                                   |                  |                   |             |             |
|                |                                               |                  |                                   |                  |                   |             |             |
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|                |                                               |                  |                                   |                  |                   |             |             |

08/06/2020 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 date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by . (voting group)

08/06/2020 Dated

Signature

(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)

FRANK CASTRO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)