P22000091093

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ion: Quality	Water Solution	ns Inc.			
DOCUMENT NUMBER	:: <u>P2200009</u>	1093				
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.				
Please return all correspon	idence concerning this mat	iter to the following:				
	Rober	+ Romo				
		Name of Contact Person	1			
		Firm/ Company				
	11921 CL	sacades St	· · · · · · · · · · · · · · · · · · ·			
		Address				
	Orlando,	FL 32832 City/ State and Zip Code	:			
		A ty Water Solutions is ed for future annual report	nc. (OM notification)			
For further information co	ncerning this matter, pieas	e can:				
Tleana La Name of Co	CioS ontact Person		U95-0235 de & Daytime Telephone Number	<u> </u>	6 3	
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	artment of State:	TALL	2023 APR -5	-
□ \$35 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)	SECRETARY OF STA TALLAHASSEE, FL	R-5 AH 7: 32	- 30
Amendn Division P.O. Box	Address nent Section of Corporations x 6327 see, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		\(\frac{1}{2}\)	

Articles of Amendment Articles of Incorporation

of	
Quality Water Solvitions In (Name of Corporation as current)	y filed with the Florida Dept. of State)
P2200091093 (Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". 2 "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name musi contain the word
	11921 Charales St
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32832
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11921 Characts St. Orlando FL 32832
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	lress in Florida, enter the name of the s:
Name of New Registered Agent // A	
iFlorida st New Registered Office Address: N/A	(City) SEC 23 Florida Zip Colle) (City) SEC 23 APR Zip Colle) SEC 23 APR Zip Colle) SEC 23 APR SEC 24 APR S
New Registered Agent's Signature, if changing Registered Agen	#
New Registered Agent's Signature, it changing Registered Received	with and accept the obligations of the position:

N/A
Signature of New Registered Agent, if changing

Check if applicable \square 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: <u>X</u> Change	<u>PT</u> <u>John</u>	<u>ı Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	CFO	Marta Ilrana Larios	1810 Homestrad st
X \wedge Add			Sebring, FL 33870
Remove			
2) Change	18	Emily Diaz	2254 Saw Palmeto KA APE 112
			Orlando, FL 3000 =
Remove 3) Change			
Add			
Remove			32 FL
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption date this document was signed.	n: <u>03/26/2023</u>	, 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 block d document's effective date on the Departm	loes not meet the applicable statutory filing require ent of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted baction was not required.	by the incorporators, or board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the transfer approval.	ne amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The forwoting group entitled to vote separately on the american	Howing statement adment(s):
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by MA	(voting group)	
, ———	(voting group)	
Dated 03/26/ Signature	/2023	
Signature (D. (Barrette	spresident or other officer – if directors or officers	have not know
	n incorporator – if in the hands of a receiver, trusted	
appointed fid	uciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	

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SECRETARY OF STATE
TALLAHASSEE, FL