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COVER LETTER

TO: Amendment Section Division of Corporation	s		
NAME OF CORPORATION	ON: THE	Donk WILLIAM	s Enoup
DOCUMENT NUMBER:		800003855	9
The enclosed Articles of Am	endment and fee are so	bmitted for filing.	
Please return all corresponde	nce concerning this ma	tter to the following:	
	Do	nt wichins	
	<u></u>	Name of Contact Person	
	The Don	- WILLIAMS Gr	roup
_ / 2	3001 OLD CH	Address Address	411C # 646
0		Address /	71
<u> </u>	ALMETIO BA	19 FL. 3 City/ State and Zip Code	375 /
Drus a	Thrown	vice 19ms 6no	up. Com
ŀ	E-mail address; (to be us	sed for future annual report	notification)
For further information cone	erning this matter, pleas	se call:	
Dans 1	WILLIAMS	305	964-5595
Name of Con	tact Person	ar (Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	1\$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 A			Address
Amendmer Division o	nt Section f Corporations		lment Section on of Corporations
P.O. Box 6			Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

THE DONE WILLIAMS FROMP, INC.

70/3 / 1/3 / (Name of Corporation as currently filed with the Florida Dept. of State)

P 98 0 000 38 559
(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

name must be distinguishable and conte	in the word "corporation	The ne "company," or "incorporated" or the abbreviatio
"Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp." "Inc." or "Co	$x^{\prime\prime}$. A professional corporation name must contain the $A_{\gamma}^{\prime\prime}$
B. <u>Enter new principal office address, it</u> (Principal office address <u>MUST BE A ST</u>		SUITE # 646
		PALMETTO BAY, FL. 33157
C. Enter new mailing address, if applie (Mailing address <u>MAY BE A POST O</u>		18001 OLD CUTLER ROAD
		PALMOTTO BAY, FL. 33157
	Vor ragistarad office addra	,
D. Hamending the registered agent and new registered agent and/or the new Name of New Registered Agent		s in Florida, enter the name of the
<u>Name of New Registered Agent</u>	registered office address: (Florida stree	(address)
<u>Name of New Registered Agent</u>	registered office address: (Florida stree	
Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if ch	(Florida stree BOO OLD CATLE FALMET anging Registered Agent:	(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: 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>	Address IP - 10 CUTIFA A MAN STE (1)
1) L Change	CEO	Down williams	18001 OLD CUTLER ROAD, STE 646 PALMETTO: BMY, FL. 3348
Add			33157
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

. If amending or add	mig additional Artic	cies, enter enange	STILL.		
(Attach additional si	neets, if necessary).	(Be specific)			
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If an amandment r	orovides for an exch	anna roolyesificut	ion or cancellatio	n afissant chares	
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уу погарриса	me, maicaie (SA)				
					
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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 date document's effective date on the Department of State's records.	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 east 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
May 19, 2019	
Dated	
(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)	
Down WILLIAMS	
(Typed or printed name of person signing)	
CHIA EXECUTION OFFICE	
(Title of person signing)	