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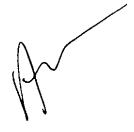
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Super Diversified li	nc	
DOCUMENT NUMBI	P99000038776		
The enclosed Articles o	f Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
[David Rose		,
_		Name of Contact Person	
_		Firm/ Company	
1	111 SW 21st Ave Suite 10		
_		Address	
i	Ft Lauderdale, FL 33312		
-		City/ State and Zip Code	;
sunerd	iversifiedelectric@gmail.con	า	
	-	ed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
David Rose		at (<u>954</u>	6917274
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	irtment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Cliston 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Super Diversified Inc.		
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P99000038776		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving 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 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu	abbreviation
B. Enter new principal office address, if applicable:	1111 SW 21st Ave Suite 10	
(Principal office address MUST BE A STREET ADDRESS)	Ft Lauderdale, FL 33312	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1111 SW 21st Ave Suite 10	
	Ft Lauderdale, FL 33312	
	1	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the	
(Florida s	treet address)	
New Registered Office Address:		
	(City)	Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian Signature of New	Registered Agent, if changing	on.

P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones le Mike Jones. V as Remov	s, if neces, irector tit Presiden = Chief er, Direct d in the fo aves the o	sary) le by the fi t; T= Tree Financial or would in corporation	irst letter of the office title: asurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more be PTD. anner. Currently John Doe is listed as the on, Sally Smith is named the V and S. These	e than one title e PST and Mil	e, list the first letter of each office ke Jones is listed as the V. There is
Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	\underline{V}	Mike Jo	<u>enes</u>		
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	<u>v</u>		David Rose	1111 SW	21st Ave Suite 10
X Add				Ft Lauder	dale, FL 33312
Remove					
2) Change		_			
Add					1
Remove					
3) Change	.,	_			
Add					1
Remove					<u> </u>
4) Change				··-	
Add					<u> 1</u>
Remove					
5) Change		_			1
Add					
Remove					
0 0					
6) Change					
Add					1
Remove					

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
	
	<u> </u>
	<u> </u>
an amendment provides for an exchange, reclassification, or cancellation of iss	med shares
provisions for implementing the amendment if not contained in the amendment	itself:
(if not applicable, indicate N/A)	
	l I
	1
	<u> </u>
	l l

date this document was signed.	, it other than the
Effective date if applicable: (no more than 90 days after awardment)	
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 red document's effective date on the Department of State's records.	quirements, this date 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 by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast for the amendment(s) was/were sufficient for approval	I
by(voting group)	,,
☐ The amendment(s) was/were adopted by the board of directors without shareholder act action was not required.	ion and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	and shareholder
1-5-18 Dated	
Signature Gong T. Frece	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, transpointed fiduciary by that fiduciary)	
Gary Follese	
(Typed or printed name of person signing)	
President	
(Title of person signing)	