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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: FLORIDA RF SOLUTIONS, INC
DOCUMENT NUMBER: PO 4 0000 68300
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARBARA MELAMED
Name of Contact Person
FLORIDA RF SOLUTIONS, INC
Firm/ Company
12453 NW 44TH STREET
Address
CORAL SPRINGS, FLORIDA 33065
City/ State and Zip Code
barbara acellantenna.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara Melamed 1,954 340-7053 x 1020 3
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$43.75 Filing Fee
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy
enclosed) (Additional Copy
is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

PHIZ: OD

Articles of Amendment to Articles of Incorporation of

FLORIDA RESOLUTIONS INC

	Lariars, inc
(Name of Corporation as currently	
P04000683	<u> </u>
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
γ /a	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	" "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>n/a</u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address;	s in Florida, enter the name of the
Name of New Registered Agent	<u>/ a</u>
New Registered Office Address: (Florida street	address) C Florida ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing

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	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>w</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Z Change	<u>S</u> _	HOWARD MELAMED	12453 NW 44THST
Add	,		CORAL SPAINGS, FL 3306
Remove			
2) Change	<u>P</u>	SIDNEY KOPPERL	12453 NW 44THST.
Remove 3) Change			
Add			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6)Change	/		
Add			

amending or adding additional sheets, if n	necessary). (Be specifi	ic)		
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a <u>n amendment provides f</u>	for an exchange, reclas	sification, or cancel	lation of issued s	hares.
<u>rovisions for implementin</u>	ng the amendment if no	t contained in the a	mendment itself:	
(if not applicable, indica	ate N/A)			-
	····			<u> </u>
		•		

The date of each amendment(s) adoption: HDN/ 27, 2015	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more snan 50 aays after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
☐ 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. Dated Apatha 7, 2015	
Signature & 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) SID Kopperl	
(Typed or printed name of person signing)	
TRES (DEX) (Title of person signing)	
/	