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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: F.J. H.S.Z.	AWrangler Division, Inc
DOCUMENT NUMBER: \$\sqrt{50001}	5209
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter t	o the following:
Javier Ving	dame of Contact Person)
FJHSRA-Wrange	(Firm/ Company)
7964 Forced ma,	(Address)
Ona, FC 33865	ity/ State and Zip Code)
FJHSRASecagna I. Conv	Trifuture annual report notification)
For further information concerning this matter, please ca	II:
<u>Javier Vina</u> (Name of Contact Person)	at 954 275-1212
(Name of Contact Person) Enclosed is a check for the following amount made paya	(Area Code) (Daytime Telephone Number) ble to the Florida Department of State:
	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)
6.4 - 212 A. J. J	Cturet Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

17 AUG 14 AM 11:51 oration as currently filed with the Florida Dept. (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: (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: New Registered Office Address:

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

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 X Remove X Add	V Mik	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		Jessica Heyhang	11550 Southwest 56th Court Correcty (L, 33330
2) Change	<u> </u>	Christy Newsme	4150 Verna Bothony Rd Myakka City
Remove 3) Change Add	P	Jason Roberts	39001 4920 Southwest 1994h AVE Southwest Lanches, 64333332
Remove 4) Change Add	7	Javier Vina	7964 Far Rd 009, FC 33865
Remove 5) Change Add Remove	S	Cathy Culligan	19 19 Worthwest 3Rd Lane Okeo Chobeo, FL34972
6) Change	S	Heather Vina	7964 Farred One, FL33865
Remove		Page 2 of 4	

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.

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Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	47	Jovier Ving	7964 Farred
Add			Ona fc.33865
Remove			
2) Change	VP	Tommy Stalleys	5303 Newbellerd
→ Add			Vardosta, gra 31.005
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	(Be specific)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Ino 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 dadocument's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendm was/were sufficient for approval.	ent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors.	ere
Dated S/11/7	
Signatura	
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u> </u>
President (Title of person signing)	