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SECRETARY OF STATE

C. CAKKUTHERS

COVER LETTEŘ

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIMI INVESTM	ENTS, INC.
DOCUMENT NUMBER: PO4000047851	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
NATHALIE R. PARCHME	ENT
	Name of Contact Person
Nathalie R. Parchment, Atto	orney & Counsellor At Law
	Firm/ Company
Peninsular Building, 4431 S	• •
<u> </u>	Address
Davie, Florida 33314-3458	
	City/ State and Zip Code
ingiedee66@gmail.com	
	used for future annual report notification)
2 man address. (to see	asea for ratio difficult report florification,
For further information concerning this matter, plea	ase call:
NATHALIE PARCHMENT	584-5400
Name of Contact Person	at (954) 584-5400 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
□ \$35 Filing Fee □\$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 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 to Articles of Incorporation

	0	of the state of th	
FIMI INVESTMENTS, INC.			
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P04000047851		•	12 () (1.a)
	(Document-Number-	of-Corporation (if known).	一意 問
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the foll	owing amendm
A. If amending name, enter the new na	ame of the corporation:		LOSTA
N/A			On no
	nation "Corp," "Inc," or	on," "company," or "incorporated" or ti "Co". A professional corporation name n "P.A."	
B. Enter new principal office address.	if annlicable:	12036 Glacier Bay Drive	
(Principal office address MUST BE A S		Boynton Beach, Florida 33473.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12036 Glacier Bay Drive	
		Boynton Beach, Florida 33473	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	N/A		
	12036 Glacier Bay Drive	2	
	(Florida s	treet address)	
New Registered Office Address:	Boynton Beach	Florida 334	73
		(City)	(Zip Code)
New Registered Agent's Signature, if of	hanging Registered Ager	nt:	
		···· r with and accent the obligations of the posit	tion

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.

<u>PT</u>	John Doe	
<u>V</u>	Mike Jones	
<u>sv</u>	Sally Smith	
Title	Name	Address
DPT	NOEL WOUNG	12036 Glacier Drive
		Boynton Beach, FL 33473
DVS	INGRID WOUNG	12036 Glacier Drive
		Boynton Beach, FL 33473
D	CHRISTIAN NASRALLA	16303 Cook Road
		Rough and Ready, CA 95975
v	CHRISTIAN NASRALLA	961 Seville Circle
		Weston, Florida 33326
D	DEBORAH WOUNG	12036 Glacier Drive
		Boynton Beach, FL 33473
Т	DEBORAH WOUNG	31 Snowy Owl Terrace
		Plantation, FL 33324
	V SV Title DPT DVS D	Y Mike Jones SV Sally Smith Title Name DPT NOEL WOUNG DVS INGRID WOUNG CHRISTIAN NASRALLA V CHRISTIAN NASRALLA D DEBORAH WOUNG

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
* . * * * * * * * * * * * * * * * * * *	
provisions for implementing the amer	ange, reclassification, or canceliation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	

the date of each amendment(s) adoption:
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 will not be listed as a document's effective date on the Department of State's records.
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.
$Dated_{K} = \frac{10/31/15}{31/15}$
Signature Mmud MM
(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)
INGRID WOUNG
(Typed or printed name of person signing)
Director
(Title of person signing)