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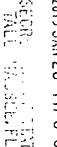
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations FLORIDA RF SOLUTIONS, INC NAME OF CORPORATION: DOCUMENT NUMBER: 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. 12453 NW 44th STREET
Address CORAL SPAINGS FLORIDA 33065 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barbara Melamed at (954), 340-7053 × 10202

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: → \$52.50 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

FLORIDA RF SOLUTIONS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) FALLS P04000068300

(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 its Articles of Incorporation:

ns Articles of meorpotation.	
A. If amending name, enter the new name of the corporation	Li The ne
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," word "chartered," "professional association," or the abbreviati	cation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the on "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	nla
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>n</u> /a
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent	
New Registered Office Address:	(City), Florida
New Registered Agent's Signature, if changing Registered A. I hereby accept the appointment as registered agent. I am fami	
n/	a
Signature of N	ew 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	PT John	<u>Doe</u>			
X Remove	<u>V</u> <u>Mike</u>	Mike Jones			
X Add	SV Sally	<u>Smith</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	SIDNEY KOPPERL	12453 NW 44th Street		
Add			Coral Springs FL 33065		
Remove					
2) <u></u> Change	DPST	HOWARD MELAMED	Coral Springs, Fl 33005		
Add			Coral Springs, Fl 33005		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
110111070					
6) Change					
Add					
Remove					

). (Be specific)
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	change, reclassification, or cancellation of issued shares,
provisions for implementing the an	nendment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	January	<u> </u>	, if other than the		
date this document was signed.	Feb 1, 20	١.۵			
Effective date if applicable:					
	(no more than 90 da	ys after amendment file date)			
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable of State's records.	e statutory filing requirements	. this date will not be listed as the		
Adoption of Amendment(s)	CHECK ONE)				
The amendment(s) was/were adopted by the shareholders was/were sufficient f		mber of votes cast for the amer	ndment(s)		
☐ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through ing group entitled to vote	n voting groups. The following e separately on the amendment	g statement t(s):		
"The number of votes cast for the a	mendment(s) was/were su	efficient for approval			
by	(voting group)	<u> </u>			
•	(voting group)				
☐ The amendment(s) was/were adopted by action was not required.	the board of directors wit	hout shareholder action and sh	nareholder		
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without	shareholder action and shareh	older		
DatedSignature	ay 3301	9			
(By a director, p	president or other officer	- if directors or officers have r	not been		
	incorporator – if in the had in t	ands of a receiver, trustee, or o	ther court		
appointed riduc	11	mal			
	Havara	Melanua_			
	(Typed or printed nam	ne of person signing)			
	PRESI	pent			
(Title of person signing)					