P0400001353

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COVER LETTER

Division of Corporations NAME OF CORPORATION: FUSSEN INVESTMENT CORP. DOCUMENT NUMBER: P04000071353 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DARRYL S. SCHREIBER, ESQUIRE Name of Contact Person SCHREIBER, SCHREIBER & SCHREIBER, P.A. Firm/ Company 5600 Sheridan Street Address Hollywood, FL 33021 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Darryl S. Schreiber, Esquire Name of Contact Person 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 & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 of

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FUSSEN INVESTMENT CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P04000071353 (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: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 (Florida street address) New Registered Office Address: , Florida (Zip Code) 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

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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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	<u>p</u>	Guillermo P. Coria	730 SW 191 Avenue		
Add			Pembroke Pines, FL 33029		
X Remove					
2) Change	vp	Francisco G. Coria	730 SW 191 Avenue		
Add			Pembroke Pines, FL 33029		
X Remove					
3) Change	P	CLAUDIA BETTINI	730 SW 191 Avenue		
X_{Add}			Pembroke Pines, FL 33029		
Remove		·			
4)Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Arti	icles, enter chan	ge(s) here:		
(Attach additional sheets, if necessary).	(Be specific)			
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. If an amendment provides for an excl	iange, reclassific	ation, or cancella	ition of issued sha	a <u>res,</u>
provisions for implementing the ame (if not applicable, indicate N/A)	nament it not co	ntained in the an	nenament itself:	
(ij noi applicable, inalcale N/A)				
				
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The date of each amendment(s) adoption: MOU 6, WIS		
Effective date if applicable:		
(no more than 90 days after amend	ment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes comby the shareholders was/were sufficient for approval.	ast for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on	The following statement the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for app	roval	
by(voting group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	r action and shareholder	
The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	ion and shareholder	
Dated May 6, 2013		
Signature (By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)		
Guller Mo P. Cov (Typed or printed name of person sign	9	
Preside ut	nug)	
(Title of person signing)		