P07000093954

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9/7/12

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FYTTMAN'S DID INC. DOCUMENT NUMBER: FO 7000093934
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eugene Freman Name of Contact Person
Firm/ Company
93 Southern Dr. Address Crawforduille FL 32327 City/ State and Zip Code
Address
Crawforduille RL 32327
City/ State and Zip Code
Brhail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eugenne Freeman at (850) 443.9254 Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation

FILED

· —	of	
Freeme	an's Old Inc	12 SEP - 7 PM 12: 1
(Name of Corporation as currently	filed with the Florida Dept. of	State)
DO 7/	000093954	IALL AHASSEE, FLOR
(Document Number	of Corporation (if known)	TALL ATTES EE, FLUIS
ursuant to the provisions of section 607.1006, Flor s Articles of Incorporation:	ida Statutes, this <i>Florida Profit</i> (Corporation adopts the following amendment
. If amending name, enter the new name of the	corporation:	
		The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or to	orp," "Inc," or "Co". A profess	
. Enter new principal office address, if applical	ble:	
Principal office address <u>MUST BE A STREET A</u>		,
	· · · · · ·	
C. Enter new mailing address, if applicable;		
(Mailing address MAY BE A POST OFFICE I	BOX)	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1
). If amending the registered agent and/or registered agent and/or the new registered		enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R		the abliquations of theiti
hereby accept the appointment as registered agen	i. i am jamiliar wiin ana accept	ine obligations of the position,
Signature of	New Registered Agent, if changing	10

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 <math>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.

X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	<u>SV</u> Sall	ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	T	Stophen Covington	93 Southers Dr.
Add		•	Crawfordville FC
Remove			32327
2) Change	I	Sean Brumley	93 Southers Dr.
Add		J	Crawfordville FL
Remove			3232
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change	<u>.</u>		W-407-7
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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	<u>.</u>	· · ·	•	.
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification ndment if not contain	or cancellation	of issued shares,	
provisions for implementing the ame	ange, reclassification ndment if not contain	or cancellation	of issued shares,	
provisions for implementing the ame	nange, reclassification ndment if not contain	or cancellation	of issued shares,	
provisions for implementing the ame	nange, reclassification ndment if not contain	or cancellation	of issued shares,	
provisions for implementing the ame	nange, reclassification ndment if not contain	or cancellation	of issued shares,	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification	or cancellation	of issued shares,	

The date of each amendment(s) add	option: $9-6-1$
Effective date <u>if applicable</u> :	9-6-12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	**
	(voting group)
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder
Dated	- Aug - 2012 - Bothery M. Yosi Wagner
Signature John	Potton M. Yusi When
(By a dir	rector, president or other officer – if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court
appointe	d fiduciary by that fiduciary)
_	John-Anthony M. Yusi-Wagner
	(Typed or printed name of person signing)
_	President
_	(Title of person signing)