P09000087614

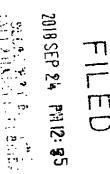
(Re	questor's Name)	-
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TO: Amendment Section
Division of Corporations

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NAME OF CORPORATION: FLORIDA FLEXIBLE PRIN	TING PRODUCTS INC	
DOCUMENT NUMBER: P09000087614		
The enclosed Articles of Amendment and fee are submitted	ed for filing.	
Please return all correspondence concerning this matter to t	the following:	
DAYLIN FAJARDO		
	ime of Contact Person	
FLORIDA FLEXIBLE PRINTING PRODU	UCTS INC	
	Firm/ Company	
2699 W 79TH STREET, Unit 1		
	Address	
HIALEAH, FL 33016		
City	y/ State and Zip Code	
DAYLIN@FLORIDAFLEX.COM		
E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter, please call:		
DAYLIN FAJARDO	at (305) 512-2222	
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:	
X \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA FLEXIBLE PRINTING PRODUCT			
(Name of Corpor	ation as currently filed with the Flo	orida Dept. of State)	
P09000087614			
	cument Number of Corporation (if kn	10Wn))	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		rofit Corporation adopts th	he following
A. If amending name, enter the new nar	ne of the corporation:		
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association,	Corp," "Inc," or "Co". A professional	r "incorporated" or the abbi I corporation name must co	The new reviation onlain the
B. Enter new principal office address, if	f applicable:		
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS		
C. Enter new mailing address, if applications (Mailing address MAY BE A POST O		· · ·	SEFF 24 PM
D. If amending the registered agent and		orida, enter the name of the	12: 15: 15: 15: 15: 15: 15: 15: 15: 15: 15
new registered agent and/or the new			
Name of New Registered Agent:	DAYLIN FAJARDO		
	2699 W 79TH STREET, UNIT 1 (Florida street a	ddress)	
New Registered Office Address:	HIALEAH	Florida	33016
-	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	inging Registered Apent: ed agent. I am familiar with and acce ignature of New Registered Agent, if	_	sition.
I hereby accept the appointment as register	ed agent. I am familiar with and acce	_	sition.

Page 1 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.

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:						
	<u>X</u>	Change	<u>PT</u>	John Doe		
	<u>X</u>	Remove	V	<u>Mike</u>	<u>Jones</u>	
	<u>x</u>	Add	<u>sv</u>	Sally	Smith	
	pe of / neck (<u>Title</u>		<u>Name</u>	<u>Address</u>
1)		Change	P,D	-	ARMANDO CORBETT	7012 NW 179TH STREET
		Add				HIALEAH, FL 33015
	<u>x</u>	Remove				
2)		Change	P,D	_	MARIO FAJARDO	2699 W 79TH ST, UNIT 1
	<u>_x</u>	Add				HIALEAH, FL 33016
		Remove				
3)		Change	VP,D_	-	DAYLIN FAJARDO	2699 W 79TH ST, UNIT 1
	_ <u>X</u>	Add				HIALEAH, FL 33016
		Remove				
4)		Change				
		Add		_		
		Remove				
5)		Change				
		Add				
		Remove				
6)		Change				
		Add				
		Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
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	·····

If an amendment provides for an exchange, reclassification, or cancellation of issued	shares,
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	

	FLORIDA FLEXIBLE PRINTING PRODUCTS INC
	of each amendment(s) adoption: the date this document was signed.
Outer than	The date this document was signed.
Effective	date if applicable:
	(no more than 90 days after amendment file date)
	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.
Adoption	of Amendment(s) (CHECK ONE)
	e amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) the shareholders was/were sufficient for approval.
	e amendment(s) was/were approved by the shareholders through voting groups. The following statement ist 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)
	e amendment(s) was/were adopted by the board of directors without shareholder action and shareholder ion was not required.
	e amendment(s) was/were adopted by the incorporators without shareholder action and shareholder ion was not required.
	Dated 9-20-18
	Signature
	(By a director, president of 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)
	Trylin Falman
	(Typed or printed name of person signing)
	VILE HOSSIDENT
	(Title of person signing)

ATX1

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