P100000 50642

(Re	equestor's Name)	
(Ad	dress)	
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(Cil	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section

Division of Corpo	orations			
NAME OF CORPOR	ATION: FF Systems	s, Inc.		
DOCUMENT NUMB	ER: P1000050642			
	of Amendment and fee are sul			
The enclosed Atticles	n Amenameni ana ice aic sai	sintted for thing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Oliver Huttner			
		Name of Contact Person		
	Mgmt Tax Consu			
		Firm/ Company		
	4430 Orchid Blvd	Ste 202		
•		Address		
	Cape Coral, FL 3	3904		
		City/ State and Zip Code	<u> </u>	
mto	florida@amail.co	ım		
THE	:.florida@gmail.co	ed for future annual report	notification)	
	L-man address. (to be as	ed for fatare annual report		
For further information	n concerning this matter, pleas	se call:		
Oliver Huttne	r _	_ _{at (} 239	645-4208	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:	
\$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)	
<u>M</u> ai	ling Address	Street Address		
Amo	endment Section	Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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	Articles of Ame	ndment		12, 11
	to Articles of Incorp	noration		S. My S.
	of	poration		16045 > 10
FF Systems, Inc.				HAST MO
(Name of Corporation as currently	y filed with the Flor	ida Dept. of State	e)	—— «¿¿¸¸¸¸, '>
P10000050642		<u>-</u>		ALCARASSE OF SATE
	of Corporation (if ki	nown)		
ursuant to the provisions of section 607.1006, Flor s Articles of Incorporation:	rida Statutes, this <i>Flo</i>	orida Profit Corpo	eration adopts the	following amendment(s) to
If amending name, enter the new name of the	corporation:			
ame must be distinguishable and contain the v	vord "corporation,"	' "company," or	"incorporated" o	The new or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Co cord "chartered," "professional association," or t	orp," "Inc." or "Co	". A professiona	l corporation nam	ne must contain the
Enter new principal office address, if applica				
Principal office address <u>MUST BE A STREET A</u>	DDRESS)			
. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)			
. If amending the registered agent and/or regi		<u>s in Florida, ente</u>	r the name of the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			, Florida	
	(City)		(Zip (Code)
ew Registered Agent's Signature, if changing	Registered Agent:		Att - Com Cat	
hereby accept the appointment as registered ager	ıı. 1 am familiar wit	n ana accept the o	ooiigations of the p	ositio n .

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.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
_X Add	<u>SV</u> <u>Sa</u>	ully Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Benno Forstner	1628 SW 29th Ter
Add			Cape Coral, FL 33914
X Remove			
2) Change	Р	Thomas Trieloff	5617 SW 14th Ave
X Add			Cape Coral, FL 33914
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

, , ,	(Be specific)			
				
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visions for implementing the am	hange, reclassification endment if not contai	n, or cancellation on the amendr	of issued shares, nent itself:	

The date of each amendment(s)	Adoption: November 2, 2012
Effective date <u>if applicable</u> :	ovember 2, 2012
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated//	5/2012
selec	director president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Thomas Trieloff
	(Typed or printed name of person signing)
	President
	(Title of person signing)