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SEGRETATION STATE

TALLAMASSEE FROMING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: FREDDY	\$ SON S	ERVICES CORP.
DOCUMENT NUMBER	010000		
The enclosed Articles of A	mendment and fee are submitte	ed for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	EDENN	D A NO	anai
	Na Na	me of Contact Perso	<u>~○ </u>
-		Firm/ Company	
	887	0 NW 2	SERVICES CORP.
		Address	
		MI FL	
	Cit	y/ State and Zip Cod	e
	FREDDYAND	SON 1@GM	AIL.COM
	E-mail address: (to be used for	future annual report	notification)
For further information con	ncerning this matter, please call		
EPENDU	NODARI	786	23/0-5580
Name of Co	ontact Person	at (Area Co) 236-5580 de & Daytime Telephone Number
	following amount made payabl		
□ \$35 Filing Fee	Certificate of Status C	43.75 Filing Fee & ertified Copy dditional copy is nclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendin Division P.O. Box	Address ent Section of Corporations 6327 see, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to

Articles of Incorporation of

FREDDY &	Corporation as curre			<u>,, , , , , , , , , , , , , , , , , , ,</u>	
	0000 3594	nciy inca with the Fio	i ida Dept. vi Stati	:)	
1 (3)		r of Corporation (if kno			
	(Document Number	of Corporation (if Kit	,wii)		
ursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, th	is <i>Florida Profit Corp</i>	oration adopts the	following ame	ndmen
. If amending name, enter the new nam	e of the corporation:				
N/A				The	new
ame must be distinguishable and conta Corp.," "Inc.," or Co.," or the designat ord "chartered," "professional association	ion "Corp," "Inc," or	"Co". A professiona		r the abbrevi	iation
. Enter new principal office address, if	annlicable:	NIA			
Principal office address <u>MUST BE A STI</u>		•			
				1	-
		·			
Enter new mailing address, if applica		NIA		· 技芸 人	- - -
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)	10 1 17		Silva or Mica	. r j _ c
					•
				₩ -	-
. If amending the registered agent and/ new registered agent and/or the new i			r the name of the		
Name of New Registered Agent	FRED	DY A NOT	20R1		
	8870	NW 24	th terrace		
_		street address)			
New Registered Office Address:	MIAMI		, Florida_	33185 (7in Code)	
		(City)		(Zip Code)	

Page 1 of 4

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.

Example: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_3_	LUCIA D. NORORI	2533 NW 331d St
Add			MIAMI FL 3314Z
Remove			
2) Change	<u>'S V</u>	FREDDY A NORDRIJ	R. 8870 NW 24th Terr
X Add			MIAMI FL 33172
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			**************************************
Remove			

	adding additional Anal sheets, if necessar	v). (Be specific)	ge(s) here;		
	NIA	// t w			
	NIA				
					
		<u> </u>			
	ent provides for an e	exchange, reclassifi	cation, or cancellatio	n of issued shares,	
f an amendm	implementing the s	mendment if not co	ontained in the amen	dment itself:	
f an amendm provisions for (if not app	rlicable, indicate N/A	,			
(if not app	olicable, indicate N/A 1				
f an amendment provisions for (if not app				-	
(if not app					
(if not app					
(if not app					
(if not app					
(if not app					
(if not app					

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective data if applicables	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 0(27/17 Signature	
(By a director, president or 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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	