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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	FF REMODELING AND INVESTMENTS INC	
DOCUMENT NUMBER:	P15000040949	
The enclosed Articles of Amendm	ent and fee are submitted for filing.	
Please return all correspondence o	oncerning this matter to the following:	
F	ABIO DA SILVA	
	Name of Contact Person	<del></del>
FF R	EMODELING AND INVESTMENTS INC	
	Firm/ Company	
2201 B	RICKELL AVE APT 5	
	Address	
BRICKE	L. FL 33129	
<del></del>	City/ State and Zip Code	
FABIO	MIAMI@HOTMAIL.COM	
E-mail	address: (to be used for future annual report notification)	<del></del>
For further information concerning	this matter, please call:  at (786 ) 402-9065	
Name of Contact P	erson at () Area Code & Daytime Telephor	ne Number
Enclosed is a check for the followi	ng amount made payable to the Florida Department of State:	ic Number
	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Teate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	s
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ion Amendment Section orations Division of Corporations The Centre of Tallahassee	re 810

## Articles of Amendment to Articles of Incorporation of

FF REMODELING AND INVESTMENTS INC

( <u>Name o</u>	f Corporation as current	ly filed with the Florid	da Dept. of State)		•—
	P1500004094		•		
	(Document Number of	of Corporation (if know	m)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpor	ation adopts the following	ig amendmer	nt(s) 1
A. If amending name, enter the new na	ime of the corporation:				
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co"	A professional corpor	orated" or the abbreviation name must contain	_The new on "Corp.," in the word	
B. Enter new principal office address, (Principal office address MUST BE A ST	if applicable: TREET ADDRESS )				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C)  D. If amending the registered agent and new registered agent and/or the new	<u>OFFICE BOX</u> ) d/or registered office add	ress in Florida, enter	the name of the		
Name of New Registered Agent	FABIO DA SILVA				
•	2201 BRICKELL AVE AI	PT 5		-	
New Registered Office Address:	(Florida str MIAMI	veet address)	, Florida 33129	) (VIETOR <b>2020 HA</b> I	SH CRO
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent	(City)  ivith and accept the obl.	(Zip (	20 PH 3: 39	FILLD
	Makin	egistered Agent, if char	lz		

Check if applicable

 $<sup>\</sup>Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe				
X Remove	<u>V</u>	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u>	s	
1) Change			 _			
Add						
Remove						
2) Change			 _			
Add			 •			
Remove 3 ) Change						
Add		<u></u>				
Remove					· · · · · · · · · · · · · · · · · · ·	
4) Change						
Add			 	-		
Remove						
5) Change						
Add			 	<del>-</del> .		
Remove						
6) Change						
Add	-		 			<del>_</del>
Remove						<del></del>

	ing additional Arti eets, if necessary).	(Be specific)				
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f an amendment pr provisions for impl	OVIGES for an exch	ange, reclassifica	ilion, or cancell	ation of issued sl	hares,	
(if not applicab	le, indicate N/A)	Maniette II 1101 (8)	manned in the a	nenument usen.	<u>.</u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendmen	t file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the discounties.	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by	••
(voting group)	<del>-</del> '
MARCH 4, 2020 Dated	
Signature	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trappointed fiduciary by that fiduciary)	eers have not been ustee, or other court
FABIO DA SILVA PRES.	
(Typed or printed name of person signing	
(Title of person signing)	