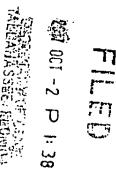
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FHU INC.  DOCUMENT NUMBER: P150000 50 546
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  FHV INC  Firm/ Company  3015 NW 157th Street  Address  Address  City/ State and Zip Code  FOUST TO TO THE MAN TO THE COMPANIAN COMPA
For further information concerning this matter, please call:  Torrice Ha Foust at (9.54) 732-1030
Name of Contact Person at (\(\text{Area Code & Daytime Telephone Number}\)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ion as currently filed with the Florida Statutes, this Florida Profit Corporation:	m) ABEARASSEETHEOR
nent Number of Corporation (if know a Statutes, this <i>Florida Profit Corpo</i>	m) ABEARASSEETHEOR
a Statutes, this <i>Florida Profit Corpo</i>	m) VAGEARASSEETRUSS
a Statutes, this <i>Florida Profit Corpo</i>	TAGEAR ASSECT FLORE
	ration adopts the following amendr
orporation:	
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o," "Inc," or "Co". A professional	
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red office address in Florida, enter	the name of the
	<del></del>
(Florida street address)	
	. Florida
	rd "corporation," "company," or  o," "Inc," or "Co". A professional e abbreviation "P.A."  e: DRESS)  OX)  red office address in Florida, enter office address:

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	I	Cartos Vazquez	3015 NW 157th Stract
Add Remove			mism, Carlay, FL 3300
2) Change			
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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If amending or a	adding additional Arti	cles, enter char	nge(s) here:			
Auach additiona	I sheets, if necessary).					
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f an amendmen	t provides for an excl	iange, reclassifi	ication, or can	<u>cellation of issu</u>	ied shares,	
(if not appl.	mplementing the ame icable, indicate N/A)	ndment if not c	ontained in the	<u>e amendment i</u>	tsett:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 9/27/2017	
(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, the document's effective date on the Department of State's records.	nis date will 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 amendr by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stands to 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 Tondrichts A. Fourt "	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
Dated 09/27/2017	
Signature Smult 1: Junet	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
London H. Foust	
(Typed or printed name of person signing)	
President	
(Title of person signing)	