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COVER LETTER

TO: Amendment Section Division of Corpo				
1		_		
NAME OF CORPOR	ATION: Vladimin	y Free Fall	Tracking Inc	
DOCUMENT NUMB	ER: PIZOOOI	4382	3	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Frances A	tendrz		
		Name of Contact Person	1	
-				
	~	Firm/ Company		
,	7.0. Bo	x 17000		
	west F	alm Beach	1 FL 33400	
,		City/ State and Zip Code	e	
!	Jastron	= 4(a) amail	(000	
	E-mail address: (to be us	sed for future admual report	notification)	
For further information	concerning this matter, pleas	se call:		
France	S Henolt		H3-9208 de & Daytime Telephone Number	
•			•	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fec & Certificate of Status	□\$43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		Address	
	ndment Section sion of Corporations	Amendment Section • Division of Corporations		
P.O.	Box 6327	Clifton	Building	
Talla	hassee, FL 32314		executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation

Artic	cles of Incorporation	
Vaclimir Fr	ce Fall Tracking Inc	
	s currently filed with the Florida Dept. of State)	
P17000	014587	
	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following a	mendment(s) to
A: If amending name, enter the new name of the corporation of the designation of the abbrevious of the designation of the abbrevious of the corporation of the cor	corporation," "company," or "incorporated" or the abbi- linc," or "Co". A professional corporation name must con	he new reviation ntain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> :	<u>vs</u>)	
1		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P/A	211 836
P. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent		11 Mass 13 PH 2: 43
, (F	(Florida street address)	
New Registered Office Address:	(City) , Florida (Zip Cod	te)
i New Registered Agent's Signature, if changing Registere Thereby accept the appointment as registered agent. I am j		
Signature Signature	e 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 oddress 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 <math>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 Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	nes	1	
_X Add	<u>sv</u>	Sally Sn	nith	MA	
Type of Action (Check One)	<u>Title</u>		Name	r	Address
I) Change		_			
Add					
Remove					
1 2) Change		_			
Add					
Remove					
3) Change		_	····		
Add					
Remove					
4) Change					
. Add		_			
Remove					
, ——					
5) Change		-		-	
Add					
Remove					-
n Change		_		<u>.</u>	
Add					
Remove					
· —					

E.	. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	(Auacu additional sneets, if necessary). (Be specific)
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4 11 21	
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F.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
1	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
1 1	
1	
<u> </u>	
1:	
1	
-	
-	

The date of each amendment(s) adoption: date this document was signed.	3/3/1+.	, if other than the
Effective date <u>if applicable</u> :	3/3/17 (no more than 90 days after amendment file d	late)
Note: If the date inserted in this block does report the document's effective date on the Department of	not meet the applicable statutory filing requirem f State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the approval.	amendment(s)
	ne shareholders through voting groups. The follo g group entitled to vote separately on the amenda	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	oting group)	
action was not required. The amendment(s) was/were adopted by the	e board of directors without shareholder action and shareholder	
Dated	117 Jews	
selected, by an inc	sident or other officer – if directors or officers ha corporator – if in the hands of a receiver, trustee, by by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	