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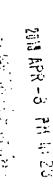
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COVER LETTER

Division of Corpora	ntions			
NAME OF CORPORA	TION: Free Wo	rid Fabricat	ion & Custom S	trectures
DOCUMENT NUMBE	• • • • • • • • • • • • • • • • • • • •	1503		., .
	Amendment and fee are su	bmitted for filing.		题 畫
Please return all correspo	ondence concerning this ma	tter to the following:		到 表
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_	<u>Jeanni i Co</u>	Name of Contact Person	1)	
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	E-mail address: (to be us	sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
Calvin Co	K	813	124-0765	
Name of	Contact Person	Area Co	de & Daytime Telephone Num	iber
Enclosed is a check for the	he following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of An	rendment			
to 🚓				
Articles of Inco				
FREE Wor	Id FAB, INC.			
(Name of Corporation as currently	filed with the Florida Dept. of State)			
P170C	20054503			
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:	-			
Free Wrld Fabrication & Cultaname must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	'o". A professional corporation name must contain the			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1509 Bowman Ave Plant City Fl 335Le3			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1509 Bowman AUE Plant City Fl 33563			
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:				
W. CH. D. C. LA.				
Name of New Registered Agent				
(Florida stre	et address)			
New Registered Office Address: (, Florida			

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

Evample: <u>X</u> Change	<u>PT John Doe</u>	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP Lori Gook	1509 Barman AVE
Add		Plant City Fl 33563
Remove		
2) Change	T James Tyson	1509 Bluman AUE
X. Add		Mant City Fl 335/13
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

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provisions for it	nplementing the an cable, indicate N/A)	<u>ienament ir not ço</u>	ntamen m tne ame	nament usen:	
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The date of each amendment(s) adoption:	, if other than the
. Effective date <u>if applicable:</u>	
Effective date if applicable: (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 w document's effective date on the Department of State's records.	ill 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 March 7, 2019	
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)	
Calvin Cook	
(Typed or printed name of person signing)	· -
φ	
T (Title of person signing)	