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(Re	equestor's Name)	
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(Cr	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE
NVCTOR OF CHARGE

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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: FF ACGUIS DOCUMENT NUMBER: P17 000059	SITION CORP.		
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MARK FORK Name of Contact Pers	JAR IS		
Name of Contact Pers	son		
MARK L. FORM Firm/Company 3470 NW & 2 AVE Address MI AMI F L City/ State and Zip Co	ARIS, P.A.		
Firm/ Company			
3470 NW &2 AVE	E. SUITE 890		
. Address			
MIAMI FL	33122		
City/ State and Zip Co	nde		
MARK @ FURNARISC			
E-mail address: (to be used for future annual repo	- '		
	·····,		
For further information concerning this matter, please call:			
MARK FORNARII	- , 463 - 9446	17	, C.
Name of Contact Person Area C	Code & Daytime Telephone Number	17 E	- <u> </u>
Enclosed is a check for the following amount made payable to the Florida De		(11 (32	
S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &		PHI2: 12	57.7 717
Certificate of Status Certified Copy	Certificate of Status	:5	:-: :-:
(Additional copy is enclosed)	Certified Copy (Additional Copy		حد ا
CHEROLUT	is enclosed)	<i>></i>	- 155 155 155 155 155 155 155 155 155 155
Mailing Address Stree	et Address		
Amendment Section Ame	endment Section		
Division of Corporations Divis	sion of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

of line

FF ACQUIS	EITION CORP
	ntly filed with the Florida Dept. of State)
P170000	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office ad	Islands in Florida autor the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent NA	3.5
Name of New Registered Agent	
(Florida)	street address)
New Registered Office Address:	Florida - 7
new Registered Office Madress.	(City) (Zip Code) 15
	22 5
New Registered Agent's Signature, if changing Registered Ager	nt: 5
I hereby accept the appointment as registered agent. I am familian	
NA	
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. We need to remove the Example: letter "s" from "Investments" X Change <u>PT</u> John Doe X Remove <u>V</u> Mike Jones THAVE YOU X Add SVSally Smith <u>Title</u> Type of Action (Check One) BEMA INVESTMENT 3947 NW ZG ST LC MIEMI, FL 33142 1) ____ Change BEMA INVESTMENT 3947 NW ZG ST LLC MIAMI, FZ 33142 2) ____ Change X Add ____ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add ___ Remove 5) _____ Change ____ Add __ Remove

6) ____ Change

____ Add

Remove

f amending or adding additional Articles, enter change(s) Attach additional sheets, if necessary). (Be specific)		
f an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contact (if not applicable, indicate N/A)	n, or cancellation of issued shares, ned in the amendment itself:	
		<u> </u>
·		-

The date of each amendment(s) adoption: 7/19/17 date this document was signed.	, if other than the
Effective date if applicable: 7/19/17	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voung group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not bee	
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt .
MANDES FRAUGO CARRI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	