## P18000065807

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: IFASEGUN TE	RUCKING CORP				
DOCUMENT NUMBER: P18000065807					
The enclosed Articles of Amendment and fee are	e submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
KF	ENIA ACOSTA				
	Name of Contact Person				
MAS QUA	LITY SERVICES INC				
	Firm/ Company				
7951 BIR	D ROAD STE 204				
<del>-</del>	Address				
MIAMI FL 33155					
<del></del>	City/ State and Zip Cod	<u> </u>			
MASQUALITYSERVICES@F	HOTMAIL.COM				
	e used for future annual report	notification)			
	•				
For further information concerning this matter, p	lease call:				
KENIA ACOSTA	at (	226-2555			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount ma	de payable to the Florida Depa	artment of State:			
S35 Filing Fee Certificate of Statu		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

(Document Number of Corporation (It known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Higher Flow  10 14 Ave April 215				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  HIA CAH H 33014				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  10005 11) 110 DVR Data 15				
(Florida street address)  New Registered Office Address: HIAEA , Florida 33014 (City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent:  I hereby 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or ad	ding additional Articles, enter change(s) here:	
	heets, if necessary). (Be specific)  3000 6975 W W Avl Avl 215	
grap ou	inge 1975 W 16 Ave April 215	
	Huleah Fl 33014.	
		_
<del></del>		
If an amendment	provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for im	plementing the amendment if not contained in the amendment itself:	
(if not applica	tble. indicate N/A)	
		-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more dan 90 days after amer	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	ing requirements, this 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 by the shareholders was/were sufficient for approval.	cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for ap	pproval
by	<sup>**</sup>
☐ The amendment(s) was/were adopted by the board of directors without sharehol action was not required.	der action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	action and shareholder
Dated 91018	
Signature (By a director, president or other officer - if directors of the officer - if directors of the other	or officers have not been
selected, by an incorporator – if in the hands of a recei appointed fiduciary by that fiduciary)	
Orlando Av	la licea
(Typed or printed name of person s	igning)
President	
(Title of person signing	)