PI9000 067 635

(Re	equestor's Name)		
(Ac	ldress)		
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TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Flex Fastening Sys	stems, Inc	
	IBER: P19000067635		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Adrian Collazo		
		Name of Contact Person	11
	Flex Fastening Systems, Inc		
		Firm/ Company	
	Hamlin Ave Lot#31	Timb Company	
		Address	
	Saint Cloud, FL 34771		
		City/ State and Zip Cod	c
Aco	llazo@CollBuilders.com		
		sed for future annual report	notification)
	on concerning this matter, pleas		
Adrian Collazo		at (913-7041
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle 1886e, FL 32301

Articles of Amendment to Articles of Incorporation of

Flex Fastening Systems, Inc

(Name of Corporati	ion as currently filed with the Florida Dept. of State;
P19000067635	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	The new rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>2X</u>)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the loffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the polition.
Sign	nature 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Damien Mieles	1111 Pinar Dr
x Add			Orlando, FL 3282
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change (Be specific)			
				
				
				
If an amendment provides for an exc	change, reclassifica	tion, or cancellation	of issued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not con	tained in the amend	lment itself:	
(i) not approxime, material inter-				
				·

10/11/2019	, if other than th
The date of each amendment(s) adoption:late this document was signed.	
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 data locument's effective date on the Department of State's records.	will not be listed as th
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(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.	
10/11/2019 Dated	
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)	
Adrian Collazo	
(Typed or printed name of person signing)	
President	

(Title of person signing)