921000080763

(Re	equestor's Name)	
(Ac	ldress)	·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: THE FERRY SEE	RVICES CORP			
	1BER: P21000080763				
	es of Amendment and fee are s	ubmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	Vanesa Constanzio				
		Name of Contact Perso	on .		
	System Failure USA				
	·	Firm/ Company			
	9851 NW 58TH ST UNIT 10	• •			
		Address			
	DORAL, FL 33178				
		City/ State and Zip Cod	le		
	vanesa@systemfailureusa.co	9111			
	E-mail address: (to be u	sed for future annual report	notification)		
For further informati Vanesa Constanzio	on concerning this matter, plea		5040754		
	0.51	at (<u>954</u>) <u>5949654</u>		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:		
S35 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		Street Address			
		Amendment Section			
			Division of Corporations		
An Div P.C		(Additional copy is enclosed) Street Ameno Divisio The C	Certified Copy (Additional Copy is enclosed) Address Iment Section		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE FERRY SERVICES CORP

(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P21000080763	,
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat FERRY SERVICES CORP	
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Thenew_ion," "company," or "incorporated" or the abbreviation "Corp.," To". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a Name of New Registered Agent	
кате ој кем кеумичеа мует	——————————————————————————————————————
(Flo	rida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: niliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing
Charle if positionable	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
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			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

(Attach additional.	dding additional Art sheets, if necessary).	(Be specific)				
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<u>f an amendment j</u>	provides for an exch	ange, reclassific	ation, or cancella	ation of issued sl	ia <u>res,</u>	
	plementing the amerable, indicate N/A)	nament it not co	ntained in the an	<u>nendment itself:</u>		
(y	,					
		-				
-						

•

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendi	nent file date)
	(no more man 30 days after amenar	nem file dutef
Note: If the date inserted in this bloc document's effective date on the Depart	does not meet the applicable statutory filing tment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes cient for approval.	ast for the amendment(s)
	red by the shareholders through voting groups th voting group entitled to vote separately on t	
"The number of votes cast for	the amendment(s) was/were sufficient for app	roval
by		
	(voting group)	
12/08/2021	Λ	
Dated	-(/ ,	
Signature	Yanul .	
(By a dire	etor, president or other officer – if directors or an incorporator – if in the hands of a receive	
	fiduciary by that fiduciary)	
S	ANTIAGO SEILER	
<u></u>	(Typed or printed name of person sign	ning)
P	RESIDENT	
_	(Title of person signing)	