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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: C.E.A BUILDERS	CORP		_
	1BER: P05000148165			_
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	CARLOS E ANGARITA JR			
		Name of Contact Persor	1	
	C.E.A BUILDERS CORP			
		Firm/ Company		<del></del>
	209 S CLYDE AVE			
		Address		
	KISSIMMEE, FL. 34741			
	City/ State and Zip Code			
	CARLOS@CEABUILDERS	COM		
	E-mail address: (to be us	sed for future annual report	notification)	_
For further informati	on concerning this matter, plea	se call:		<b>2</b> 0
CARLOS E ANGA	RITA JR	at (	785-9175	150 PE
Name of Contact Person		Area Co	)	umboring
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	25000000000000000000000000000000000000
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	2025 JAN IN ANIO: 03 SECOLETARY OF EACH
Mailing Address		Street	Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

C.E.A BUILDERS CORP		
( <u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)
P05000148165		
	(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	Corp. ""Inc. " or "Co"	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
B. Enter new principal office address.	if applicable:	209 S CLYDE AVE
(Principal office address MUST BE A S		KISSIMMEE, FL. 34741
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		209 S CLYDE AVE
		KISSIMMEE, FL. 34741
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent	408 S CLYDE AVE UNIT	
		reet address)
V 0 - 1.00 - 11	KISSIMMEE	34741777 5
New Registered Office Address:		City (Zip. Florida (Zip. Fode)
		(*1
New Registered Agent's Signature, if of thereby accept the appointment as registered.		<u>:</u> with and accept the obligations of the position.
	Signature of New R	Registered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed p		

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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) X Change	CEO	CARLOS E ANGARITA JR	408 S CLYDE AVE UNIT 2
Add			KISSIMMEE, FL. 34741
Remove			
2) Change	<u>VP</u>	CLAUDIA P ARBELAEZ	107 TEAKWOOD DR
Add			KISSIMMEE, FL. 34743
X Remove 3) Change	<u>COO</u>	DIANA ARBELAEZ	408 S CLYDE AVE UNIT 2
XAdd			KISSIMMEE, FL. 34741
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate NA)	zvaacu <i>aaannonat she</i>	ets, if necessary). (Be specific)
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	02/26/2024	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this openartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	at(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	·"·	
	(voting group)	
01/07/20		
Dated		
Signature	Juna 1	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	CARLOS E ANGARITA JR	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	