## MISCOODEIC

(Re	equestor's Name)	
, (Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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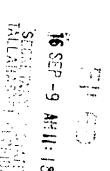
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SEP 1 5 2016

R. WHITE



## **COVER LETTER**

TO: Amendment Section Division of Corporations

CRANSTONSEWINGALTERNATIVE OF AMERICA NAME OF CORPORATION:			
N13000001700  DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
KAY SAMUELS			
(Name of Contact Person)			
PO B.OX 2612ARCADIA DRIVE 693994 (Firm/Company)			
(Address)			
MIRAMAR, FLORIDA 33023 Miami F/ 33269			
(City/ State and Zip Code)			
CSEWINGALTERNATIVETODAY@AOL.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: 305-389-7  Kachamvels  (Area Code) (E	7/14		
(Name of Contact Person) (Area Code) (E	Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State	e:		
(Additional copy is Certified	e of Status Copy al Copy is		
Mailing Address  Amandment Section  Amandment Section			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

FILED

Articles of I	ncorporation 76	SEP -9 AH 11: 18	
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CAP SMANTY!	na HITEM	citive of 1-to	uri(
(Name of Corporation as currently fi	ed with the Florida Dept. o	f State)	an (
(Document Number of	Corporation (if known)		
2		At a seed C11 does	
Pursuant to the provisions of section 617.1006, Florida Statutes, the imendment(s) to its Articles of Incorporation:	s Fioriaa Noi For Proju Coi	poration adopts the following	
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation" "Company" or "Co," may not be used in the name.	or "incorporated" or the ab	breviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:		<del></del>	
Principal office address <u>MUST BE A STREET ADDRESS</u> )			
<del></del>			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<del></del>	
D. If amending the registered agent and/or registered office ac	dress in Florida, enter the r	tame of the	
new registered agent and/or the new registered office addr	<u>:ss;</u>		
Name of New Registered Agent:			
	(Florida street a	ddress)	
New Registered Office Address:	(4 10) mm 3), (4) m	<b></b>	
		Florida	
	City)	, Florida (Zip Code)	
•		, ,	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		ions of the position	
accept the appointment as registered agent. I am jumita	wan unu uccepi ine ooligai	ють ој те розтон.	
Kay	X NA		
Slena	ture of New Registered Agent	, if changing	
g .		· , ~	

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 X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	S/T	KAY SAMUELS	2612ARCADIA DRIVE
Add			MIRAMAR, FL 33023
Remove			
2) Change	<u>s</u>	MAZIELYN POWELL	3626NW 203RDSTREET
Add			MIAMI, FL 33056
X Remove			
3) Change	VP	ANTONIO GREEN	4780NW 44TH STREET
Add			FT. LAUDERDALE FL 33319
X Remove			
4) Change	. VP	JAMESA. CRANSTON	955KIRKBRIDE AVENUE
X Add	<del></del>		GREGORYPARK P.O.
Remove			ST. CATHERINE JAMAICA
5) X Change	VP	DEWDNEY BENT	5159SW139THAVENUE
Add			MIRAMAR, FL 33027
Remove			
6) Change			
_			
Add			
Remove			

If amending or ad	ding additional Artheeis, if necessary).	(Re specific)	nge(s) here:				
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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 date will not be listed as the document's effective date on the Department of State's records.  Adoption of Amendment(s)  (CHECK ONE)  The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.  There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.  Dated  Signature  (By the chairpan or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  **CATA ON TAXABOLICADO**  (Typed or printed name of person signing)	The date of each amendment(s) adoption:		, if other than the	
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Dated  Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  (Typed or printed name of person signing)			· •	
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  (Typed or printed name of person signing)			* * * * * * * * * * * * * * * * * * * *	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)    Carrow   Samue		Dated 8/8	4/16	
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  Kay Samue(S  (Typed or printed name of person signing)			// <del>/ </del>	
other court appointed fiduciary by that fiduciary)  Kay Samue(S  (Typed or printed name of person signing)				
L L			· · · · · · · · · · · · · · · · · · ·	
t l		K	ay Samuels	
SociationalTransuran			(Typed or printed name of person signing)	
(Title of person signing)			ecretary/Treasurer	