

(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Document Number)  Certified Copies Certificates of Status
Certified Copies Certificates of Status
·
Consists at 5% off
Special Instructions to Filing Officer:  Received call from D Kennedy to  Reporte removing a page of  Approve removing a page of  Officer Bivedurs that did not  Ufficer Bivedurs corporation or  Belay for this corporation or

Office Use Only



500319846075

10/23/18--01036--014 \*\*85.00

S TALIT' OCT 3 1 2018



friend

## Articles of Amendment to Articles of Incorporation of

CENTRAL FLORIDA RESTORATION INDUSTRY ASSOCIATION INC,

	n as curre	ntly filed with the Florida	a Dept. of State)		
18000005007					
(Docu	ment Num	ber of Corporation (if known	wn)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statu	tes, this Florida Not For F	<i>Profit Corporation</i> adop	ots the followir	
A. If amending name, enter the new name of th	e corpora	<u>ition:</u>			
	<del></del>			The ne	
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		ation" or "incorporated"	or the abbreviation "C	orp." or "Inc.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE		122 E Main Street			
		Lakeland, FL 33801 Pho	one: 863-225-1950		
				2162 6	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1006 NW 87 AVENUE	APT 102		
		Miami, FL 33172			
D. If amending the registered agent and/or reg			ter the name of the	₹ <u>`</u>	
new registered agent and/or the new registe					
Name of New Registered Agent:	DELIA	ROSA KENNEDY		<del></del>	
		1006 NW 87 AVENUE APT 102			
		(Flori	da street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address	;				
	DORAL	•	, Florida		
		(City)	(Zip Cod	de)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registere nt. I am j	d Agent: familiar with and accept the	e obligations of the pos	ition.	
•		Signature of New Register	ed Agent, if changing		

Page 1 of 4

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	V Mik	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	MANUEL IDELFONSO	5775 Blue Lagoon Drive
X Add			Suite 300
Remove			Miami, FL 33126-2579
2) Change	D	SYLVESTER JOHNSON	5775 Blue Lagoon Drive
X Add			Suite 300
Remove			Miami, FL 33126-2579
3) Change	D	JOSE ENRIQUEZ RODRIGUEZ	5775 Blue Lagoon Drive
X Add			Suite 300
Remove			Miami, FL 33126-2579
4) Change	D	ANA RIVERA	5775 Blue Lagoon Drive
X Add			Suite 300
Remove			Miami, FL 33126-2579
5) Change	CLERK	DELIA ROSA KENNEDY	5775 Blue Lagoon Drive
X Add			Suite 300
Remove			Miami. FL 33126-2579
6) Change			
Add			
Remove			

attach additional she	ing additional Articlets, if necessary).	(Be specific)	, <u></u> ,-			
			<u>.                                    </u>	<del></del> -		· · ·
					····-	
<del></del>	<del></del>					
-			<del></del> .			
		<del></del>		<u>.</u>		
		<del>.</del>	<del></del>			
				_		
				<del></del> _		
<u> </u>						
		·····			-	
<del>.</del>	<del></del>					
		<del></del>	<del></del>	·		_

October 15, 2018 The date of each amendment(s) adoption:		
late this document was signed.	, if other than th	
Effective date if applicable:	<u> </u>	
(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 w locument's effective date on the Department of State's records.	ill not be listed as the	
Adoption of Amendment(s) ( <u>CHECK ONE</u> )		
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	s)	
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 October 18, 2018		
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)  Lennedy		
(Typed or printed name of person signing)		
Clert P		