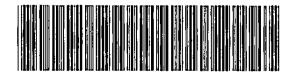
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	CARRINGTON, INC.		
DOCUMENT NUMBER: N20000007072	·		
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
GALE WASHINGTON			
	(Name of Contact P	erson)	
A PLACE FOR CARRINGTON, INC.			
	(Firm/ Compan	y)	
4532 SW 131 TERRACE			
	(Address)		
MIRAMAR, FLORIDA 33027			
	(City/ State and Zip	Code)	
GALEWDEAN@GMAIL.COM			
E-mail address: (to be t	used for future annual re	port notificatio	n)
For further information concerning this matter, plo	ease call:		
GALE WASHINGTON	at	954	213-3000
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida	Department of	State:
☐ \$35 Filing Fee		Certif is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ai Di	reet Address nendment Sect vision of Corpo ne Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2021 DEC 20 PH 12: 54

A PLACE FOR CARRINGTON, INC.			SECRETARY
(Name of Corporation as currently filed with the F	Horida Dept. of Stat	<u>te</u>)	一位江州马上全位市
N20000007072			·
(Documen	nt Number of Corpor	ration (if known)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Flori	ida Not For Profit C	orporation adopts the following
A. If amending name, enter the new name of the co	corporation:		
	_		The new
name must be distinguishable and contain the word " "Company" or "Co," may not be used in the name.	corporation" or "in	corporated" or the a	bbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	e: DRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	OX) PO BOX	174153	
(Wanning and Cook Special Spec		I, FL 33017	
D. If amending the registered agent and/or registenew registered agent and/or the new registered	ered office address	in Florida, enter the	e name of the
new registered agent and/or the new registered	GALE WASHINGT	ON-DEAN	
<u>Name of New Registered Agent:</u>	4532 SW 131 TERR		
_		(Florida street	address)
New Registered Office Address:			_
1	Miramar		, Florida
_	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with	and accept the oblig	gations of the position.
-	Signature of	New Registered Age	nt, 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 X/Remove X/Add	PT John Do V Mike Jo SV Sally Sı	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add Remove	<u>PT</u>	GALE WASHINGTON-DEAN	4532 SW 131 TERRACE MIRAMAR, FL 33027
2) × Change Add	<u>v</u>	WANDA BRYANT	246 SE 2 AVENUE HALLENDALE, FL 33009
Remove 3) Change Add Remove	<u>T</u>	CLEMENT E. DEAN, JR	SUITE 300 PLANTATION, FL 33324
4) Change Add	 -		
Remove			
5) Change Add			
Remove 6) Change Add			
Remove			
(attach additional shee		cles, enter change(s) here: (Be specific)	

Effective date if applicable: (no more than 90 days after amendment)	file date)
Effective date if applicable:	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

1	;
	re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were pted by the board of directors.
	Dated DECEMBER 15TH, 2021
	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)
	GALE WASHINGTON-DEAN
	(Typed or printed name of person signing)
	PRESIDENT / TREASURER
	(Title of person signing)