Naccoolys

(Re	questor's Name)	
(Ado	dress)	
(Add	dress)	
(Cin	y/State/Zip/Phone	o #0
(Cit	y/State/Elp/Filone	~ ")
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200355239332

11/18/20--01016--022 **35.00

2020 NOV 16 PH 2: 09

NOV 1 8 2020 S. YOUNG



2:01:00 0 0 1 H: 15

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2020

ANNA-BO EMMANUEL THE CARBON GROUP 8725 SW 137TH AVENUE MIAMI, FL 33183

SUBJECT: THE CARBON GROUP, INC.

Ref. Number: N20000007615

We have received your document for THE CARBON GROUP, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00022118

Shelia S Young Regulatory Specialist II

www.sunbiz.org

TO DOMESTICATION TO THE POPULATION OF THE POPULA

COVER LETTER

TO: Amendment Section Division of Corporations

THE CARBON NAME OF CORPORATION:	N GROUP, INC.		
N20000007615 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee an	re submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
ANNA-BO EMMANUEL			
	(Name of Contact Po	erson)	
THE CARBON GROUP			
	(Firm/ Company	·)	-
8725 SW 137TH AVENUE			
	(Address)		
MIAMI, FL 33183			
	(City/ State and Zip	Code)	
PAULDINE@GMAIL.COM			
E-mail address: (to b	e used for future annual rep	ort notificatio	n)
For further information concerning this matter,	please call;		
ANNA-BO EMMANUEL	at	305	502-8219
(Name of Contact F			(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		Certif s Сепіf	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		eet Address	
Amendment Section		nendment Sect	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE CARBON GROUP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N20000007615 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, 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 Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>S</u>	ANNA-BO EMMANUEL	20727 SW 81 PLACE CUTLER BAY, FL 33189
* Remove			
2) Change Add	<u>S</u>	LAVONNE IDLETTE	10837 NW 40 STREET FORT LAUDERDALE, FL 33351
Remove 3) Remove Add Remove	<u>P</u>	PAULDINE FRANCE	8725 SW 137 ALE MIAMI FC 33/83
4) Change Add		·	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			
		<u> </u>	

	,	
		
		·
		· · · · · · · · · · · · · · · · · · ·
	,	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	ck does not meet the applicable statutory filing requiremen	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approve	lopted by the members and the number of votes cast for the	: amendment(s)

Dated	9/22/2020
Signatu	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ANNA-BO EMMANUEL
	(Typed or printed name of person signing)