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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

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C & P 1 Enterprise	es. Inc		
N24000012585 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this ma	atter to the following:		
	(Name of Contact I	Person)	
C & P I Enterprises. Inc			
	(Firm/ Compar	ıy)	
4864 Soutel Drive			
	(Address)		
Jacksonville, FL 32208			
	(City/ State and Zip	Code)	
cmembuilders@gmail.com			
E-mail address: (to be us	sed for future annual re	eport notificatio	n)
For further information concerning this matter, plea	ise call:		
Venus Hubbard	a	904 1	207-5232
(Name of Contact Perso	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certit is Certif	0 Filing Fee Teate of Status Tied Copy tional Copy is Used)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address mendment Sect fivision of Corpo the Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

1	•	X-	D	1 143	NΤ	TIL	DR	18	EC	INC

(Name of Corporation as currently filed with the	e Florida Dept. of State)	
N24000012585		
(Docum	nent Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida No</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Flo ed office address:	rida, enter the name of the
Name of New Registered Agent:	Pamela Polite	
	11557 Pleasant Creek Drive	
<u>New Registered Office Address</u> :		(Florida street address)
	Jacksonville	, Florida 32218
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		cept the obligations of the position.
	/s/ Pamela Polite	
_	Signature of New R	egistered 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 A Add	$\overline{\underline{V}}$ $\underline{\underline{M}}$	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee		l Articles, enter change(s) here: iry). (Be specific)	
	-		
			-
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The data of the second
The date of each amendment(s) adoption: 1121222 , if other than the
date this document was signed.
Processing described and the constraints
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
<u>Note:</u> 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.

chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or ductary by that fiduciary)
(Typed or printed name of person signing)

. . . .