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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 : (305)377-0809 Phone Fax Number : (305)377-0781

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CRITCHFIELD PROPERTIES, INC.

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## Articles of Amendment to Articles of Incorporation of

	OI .	
CRI	TCHFIELD PROPERTIES, INC.	
(Name of Corporat	tion as currently filed with the Florida Dept. o	f State)
	P01000053036	
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adop	ets the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the wo. "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professional corporation	ted" or the abbreviation on name must contain the
B. Fates new principal office address if applicable		F 7
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		
C. Enter new mailing address, if applicable:		و و
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	ω
		$\sum_{i=1}^{\infty} \omega_i$
	<del></del>	<del></del> .
D. If amending the registered agent and/or registered new registered agent and/or the new registered		of the
MEN TEENTETED AREAS RIGIOS THE NEW TEXASTERS	Office Moor Coas	
Name of New Registered Agent		<del></del>
		<del></del>
	(Florida street address)	
New Registered Office Address:		orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	estered Agent:	
I hereby accept the appointment as registered agent.		the position.
e:	ature of New Registered Agent, if changing	<del></del>
Sign	unare oj ivem negisierau Agani, ij chunging	

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 mamer. 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	<u>PT</u>	John D	<u>∞</u>	
X Remove	¥	Mike J	<b>अ</b> गुद्ध	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
t) X Change	DPS	_	Raul Alejandro Sanchez	6383 Toulon Drive
Add				Boca Raton, FL 33433
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		<del></del>		
Add				
Remove				
4) Change		—		
Add				
Remove		,		
5) Change		_		
Add				
Remove				
ණ Change				
		_		
Add				
Remove				

Attach additiona	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)				
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an amendmen	provides for an exchang	a. reclassification	or cancellation of	issued shares.	
<u>provisions for i</u>	nplementing the amendu	ent if not contain	ed in the amendme	nt itself:	
(у ногарыя	cable, indicate N/A)				
		·			<del></del>
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<del></del>				<del></del> .	
					<u> </u>

The date of each amendm	ent(s) adoption:, if other than
date this document was sign	ned,
Effective date if applicabl	<u>e</u> :
	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as in the Department of State's records.
Adoption of Amendment(	s) (CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) //were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval
by	Vf
	(voting group)
☐ The amendment(s) was/vaction was not required.	were adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated	May 4, 2018
Clonatura	
Signation	(By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Ricardo Bajendas
	(Typed or printed name of person signing)
	Authorized Representative
	(Title of person signing)