P020000019858

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: C & N MANAGEN	MENT, INC.	
DOCUMENT NU	P02000029858		
The enclosed Artico	les of Amendment and fee are sul	bmitted for filing.	
Please return all co	rrespondence concerning this mat	tter to the following:	
	CARIDAD GONZALEZ		
		Name of Contact Person	 -
	C & N MANAGEMENT, IN	C.	
		Firm/ Company	
	3031 W Cypress St. Suite A.		
		Address	
	Tampa, Florida 33609		
		City/ State and Zip Code	
	CARILIMBERG@GMAIL.C	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	ation concerning this matter, pleas	se call:	
ARIDAD GONZA	LEZ	at (477.3886
Nar	ne of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check	s for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
, 	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Division The Co 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

C & N MANAGEMENT, INC.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2020 Jii 29 PH 3: Lr

(Name o	f Corporation as currently	filed with the Florida Dept. of State)		
P02000029858				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	me of the corporation:	Tr.		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co". A	The new ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word		
B. Enter new principal office address, (Principal office address MUST BE A S.	<u>if applicable:</u> TREET ADDRESS)			
C. Enter new mailing address, if appli		3031 W Cypress St.		
(Mailing address MAY BE A POST OFFICE BOX)		Suite A.		
		Tampa, Florida 33609		
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office addr ov registered office address:	ess in Florida, enter the name of the		
Name of New Registered Agent CARIDAD GONZALE				
nume of the wind and the single-	3031 W Cypress St. Suite A	Λ.		
	(Florida stre	eet address)		
New Registered Office Address:	Tampa	, Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if collaboration in the Agent's Agen	hanging Registered Agents tered agent. I am familiar v	rith and accept the obligations of the position.		
	mand			
	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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
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	01/22/2020
The date of each amendment(s) add date this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	,"
<u> </u>	(voting group)
01/22/2020	
Dated	
Signature	In y
selected.	ector, president or other officer – it directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductary by that fiductary)
(CARIDAD GONZALEZ
-	(Typed or printed name of person signing)
ī	President
-	(Title of person signing)