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COVER LETTER

TO: Amendment Section Division of Corporations					
name of corporation: C.I.P. Management, Inc. DOCUMENT NUMBER: P0200044564					
DOCUMENT NUMBER: P02000044564					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Thomas Chalthi Name of Contact Person					
C. I.P. Manyement Inc Firm/Company					
8551 W Suncisc Blud. #110					
Plantation FL 33322 City/ State and Zip Code					
City/ State and Zip Code					
retormy & bellsonth. net					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Thomas Ghaltchi au 974, 993-3387					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301					

Articles of Amendment

to
Articles of Incorporation

FILED

2019 JAN 22 PM 1:48 Mincrement (Name of Corporation as currently filed with the Florida Dept. of State) IAC OF STATE (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P A." 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: (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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Şmith	
Type of Action (Check One)	<u>Title</u> Name	Address
1) Change	Daniel Chaltchi	8551 W Sunrise Blvd. \$100 Auntation, FL 33322
Add Remove	30	Mantalish 10 3332
2) Change	VD Michelle Grathin	8551 W Sharis Blud. *100 Plantation IFL 33322
Remove 3) Change Add		
Remove		
4) Change		
Add		
5) Change		
Add		
6) Change		
Add		
Remove		

Attach additional sh	ing additional Articles, if necessary).	(Be specific)				
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f an amendment p provisions for imp	royides for an excl	nange, reclassific	ation, or cancel	lation of issued sh mendment itself:	nares,	
(if not applicat	ble, indicate N/A)	and the contract of the contra				
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				<u>-</u>		

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	1/17/19	
Effective date <u>if applicable</u> :		ys after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De		e statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su		mber of votes east for the amendment(s)
		n voting groups. The following statement eseparately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were su	ifficient for approval
by	(voting group)	"
☐ The amendment(s) was/were add action was not required.	opted by the board of directors with	hout shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without	shareholder action and shareholder
Dated	117/19	
Signature		
(By a d		- if directors or officers have not been ands of a receiver, trustee, or other court
	Thomas Gt	ralt Uhi
	(Typed or printed name	
	PD	
	(Title of p	erson signing)