PO2000079346

(Reque	stor's Name)	
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(Busine	ss Entity Name	1
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Amend

JUL 22 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CONTE MANAG	EMENT, INC.			
DOCUMENT NUMBER: P02000079346				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
JOSEPH CONTE				
	Name of Contact Person			
CONTE MANAGEMENT, I	CONTE MANAGEMENT, INC.			
 	Firm/ Company			
14243 BLACKBERRY DRI	VE			
	Address			
WELLINGTON FL 33414				
	City/ State and Zip Code			
FLEETJC@BELLSOUTH.NET				
E-mail address: (to be us	sed for future annual report notification)			
For further information concerning this matter, pleas JOSEPH CONTE				
Name of Contact Person	at (561) 719-3608			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



CONTE MANAGEMENT, INC.

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P02000079346	
(Document)	Number of Corporation (if known)
cursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendmen
a. If amending name, enter the new name of the corpor	ration:
	The new
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp," "I vord "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	14243 BLACKBERRY DRIVE
Principal office address <u>MUST BE A STREET ADDRES</u>	WELLINGTON, FL 33414
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14243 BLACKBERRY DRIVE
<u> </u>	WELLINGTON, FL 33414
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	BERRY DRIVE
14243 BLACKB	
	Florida street address)
	rtorida street address) . Florida

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	DP	THOMAS CONTE	14243 BLACKBERRY DRIVE
Add			WELLINGTON, FL 33414
Remove			
2) X Change	DVST	JOSEPH CONTE	14243 BLACKBERRY DRIVE
Add			WELLINGTON, FL 33414
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
remove			

Attach ad	g or adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)	
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•		
provisior	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:	
(if no	applicable, indicate N/A)	
<u> </u>		
		_ <u>_</u>
		

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
7/3/19 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Signature	
(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)	
THOMAS CONTE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

as