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11/26/17--01020--024 **35.00

R. WHITE
DEC 11 2017

17 DEC -7 PH 12: 06



November 29, 2017

SHEILA TARTE 3918 N HIGHLAND AVE TAMPA, FL 33603

SUBJECT: CRIBB PHILBECK WEAVER GROUP, INC.

Ref. Number: P04000095821

We have received your document for CRIBB PHILBECK WEAVER GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

www.sunbiz.org

Letter Number: 317A00024069

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Cribb Philbeck Wo	eaver Group	
DOCUMENT NUMB	P04000095821		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
:	Sheila Tarte		
-	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n
•	Cribb Philbeck Weaver Grou	ıp	
-		Firm/ Company	
:	3918 N Highland Ave		
_		Address	
-	Гатра, FL 33603		
		City/ State and Zip Cod	e
sheila.	tarte@cpwgengineering.com	1	
_	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Mike Brock		at (813	906-2845
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address Indment Section It ion of Corporations Box 6327 Inassec, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

17 DEC -7 PH 12: 06

Cribb Philbeck Weaver Group				
			TALLALA	
Name	of Corporation as currently	filed with the Florida		
P04000095821				
	(Document Number of	Corporation (if known)	1	· · · · · · · · · · · · · · · · · · ·
ursuant to the provisions of section 60's Articles of Incorporation;	7.1006, Florida Statutes, this I	Torida Profit Corporat	don adopts the fo	ollowing amendment
. If amending name, enter the new s	name of the corporation:			
√A				The new
ame must be distinguishable and co Corp.," "Inc.," or Co.," or the desig ord "chartered," "professional associ	nation "Corp," "Inc," or "C	o". A professional co	corporated" or prporation name	the abbreviation must contain the
Enter new principal office address Principal office address <u>MUST BE A</u>	. if applicable: STREET ADDRESS)	N/A	·	
	,		·	
				·- <u>-</u> -
Enter new mailing address, if app	licable; OFFICE ROX)	N/A		
Enter new mailing address, if app (Malling address MAY BE A POST	licable; OFFICE BOX)	N/A		
. Enter new mailing address, if app (Mailing address MAY BE A POST	licable; OFFICE BOX)	N/A		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX			
(Mailing address MAY BE A POST	OFFICE BOX) nd/or registered office addre		t name of the	
[Mailing address MAY BE A POST If amending the registered agent and mew registered agent and/or the ne	nd/or registered office addrew registered office address:		t name of the	
(Mailing address MAY BE A POST	OFFICE BOX) nd/or registered office addre		t name of the	
[Mailing address MAY BE A POST If amending the registered agent and mew registered agent and/or the ne	nd/or registered office addre w registered office address:	ss in Florida, enter the	t name of the	
(Mailing address MAY BE A POST If amending the registered agent as new registered agent and/or the ne	nd/or registered office addrew registered office address:	ss in Florida, enter the	t name of the	

Page 1 of 4

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>y</u>	Mike Jones		
X Add	ŞY	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	<u>v</u>	Jeffrey Schwartz	283 Knot Hole Circle	
X Add			Chuluota, FL 32766	
Remove				
2) Change				
Add			<u> </u>	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		, 		
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Auguno	r adding additional A nal sheets, if necessar)	rticles, enter change(s) here: (Be specific)			
I/A	•	, • • <i>•</i>			
<u>-</u>					
				·····	
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	-			···-	
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	<u> </u>				
					-
					
provisions fo	ent provides for an ex r implementing the ar olicable, indicate N/A)	change, reclassification, or contended in	ancellation of issu the amendment is	ed shares. self:	
(y ποι α ρ) 'Α	-				
				-	
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	• • • •	
The date of each amendmendate this document was signe		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	iot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
he amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	•
by	(voting group)	••
•	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	2/7/17	
Signature 🗠	Shil Jark	
	By a director, president or other officer - if directors or officers have not been	
· se	elected, by an incorporator - if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	Sheila Tarte (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	