P05 000 000 371

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: CREATIVE I	RESTORATIONS, I	NC.					
DOCUMENT NUMBER: _	CUMENT NUMBER: P0500000371							
The enclosed Articles of Ame	endment and fee are su	bmitted for filing.						
Please return all corresponder	nce concerning this man	tter to the following:						
MATTHEW A. KENNEDY								
Name of Contact Person								
CRE	ATIVE RESTORA	TIONS, INC.						
		Firm/ Company						
331	PARKRIDGE AV	E STE 4						
Address								
ORA	ORANGE PARK FL 32065							
		City/ State and Zip Coo	le					
toc	toothguy@bellsouth.net							
E-	mail address: (to be us	ed for future annual repor	t notification)					
For further information conce		se call:	637-0036					
Name of Cont	act Person	Area Co	ode & Daytime Telephone Number					
Enclosed is a check for the fo	llowing amount made p	payable to the Florida Dep	artment of State:					
-	\$43,75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Ac Amendmen Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

Articles of Amendment to Articles of Incorporation of

FILED

to

CREATIVE RESTORATIONS,	INC.		2022.18M -3 AHII: L9
(Name o	f Corporation as current	ly filed with the Florida D	Dept. of State)
P05000000371			SECRETARY OF STATE
· · _ · · _ · · · _ · · · · · · ·	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	n adopts the following amendment(s
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A	A professional corporation	ed" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an new registered agent and/or the nev			name of the
		<u></u>	
Name of New Registered Agent	N/A		
			<u>-</u>
	(Florida sti	reet address)	
New Registered Office Address:	N/A		, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if cl	hanging Degistered Agent	•	
I hereby accept the appointment as regist			tions of the position.
N/A			
	Ciman and CM to	egistered Agent, if changin	
	Signature of New K	едыегеа Адепі, іј спапдіг	ıg

Check if applicable

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

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.

X Change	<u>PT</u>	John Doc				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	Address			
!) Change	S	TAMARA A. KENNEDY	3588 BARTON CREEK CIR			
X Add			GREEN COVE SPRINGS			
Remove			FL 32043			
2) Change						
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	al sheets, if necessar	y). – (Be speci	fic)			
N/A						
				<u>—</u> .		
						
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			· <u> </u>		 .	
						
						
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 						. <u>-</u>
					<u>-</u>	
provisions for	nt provides for an o implementing the a	mendment if				
(if not app	licable, indicate N/A)				
/A						
						_
			<u> </u>		· -	

•

The date of each amendment	t(s) adoption:	N/I	Α	, if other than the
date this document was signed	l.			
Effective date if applicable:	NOVEMBER	15,	, 2021	
		(no	more than 90 days	after amendment file date)
Note: If the date inserted in document's effective date on t				atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>C</u>	<u>IECK</u>	(ONE)	
☑ The amendment(s) was/wer action was not required.	re adopted by the	incor	porators, or board c	f directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we				er of votes east for the amendment(s)
	• •		•	oting groups. The following statement parately on the amendment(s):
"The number of votes	s cast for the ame	ndme	nt(s) was/were suffi	cient for approval
by N/A				
	(voi	ting gr	roup)	
Signature(B		ident orpora	ator – if in the hand:	directors or officers have not been s of a receiver, trustee, or other court
	MATTHE	EW A	. KENNEDY	
		(Type	ed or printed name o	f person signing)
	PRESID	ENT	1	
		(Title	of person signing)	