## P090000 49658

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		COVER LETTER		
TO: Amendment Section Division of Corporat	ions			
NAME OF CORPORAT	FION: COMMO	clity Involve	nt Group, Inc.	
DOCUMENT NUMBER	P090000	44658		
The enclosed Articles of	Imenament and fee are su	bmitted for filing.		
Please return all correspon	ndence concerning this mat	tter to the following:		
****	Anette	Despaillets		
_		Name of Contact Person		
<u> </u>	ralessional Sc	roices for the	counting + loxes,	uc
	Po Box 5	rim/Company	J ,	
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	St Peter	Soura FL 3	33731	
	Andrew State Control of the Control	City/ State and Zip Code		
Ai	rette Des e	ed for future annual report		
wagning	E-mail address: (to be us	ed for future annual report	notification)	
For further information co	ncerning this matter, pleas	e call:		
Anette Des	bouillets	#:3 <b>7</b> 3	5972 4992	
Name of C	ontact Person	Area Co	de & Daytime Telephone Number	r
Enclosed is a check for th	e following amount made	payable to the Fiorida Depa	rtment of State:	
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Street Andress
Amendment Section Division of Corporations Clitton Building 2661 Exacutive Center Circle Tallahassee, Fl. 3230;

is enclosed)

Articles of Amendment Articles of Incorporation Dept. 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 <u>MUST BE A STREET ADDRESS</u>) 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) (Zip Code) 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.

Page 1 of 4

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Merstin Predehl	21-B 9th Streets
X Add			St Petersburg, Fl
Remove			33731
2) Change			
Add			
Remove			·•
3 ) Change			
Add		,	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending	g or adding addition	al Articles, enter c	hange(s) here:			
(Attach addi	tional sheets, if neces	sary). (Be specifi L	c)			
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If an amend	iment provides for a for implementing th	n exchange, reclus	sification, or car	scellation of issu	ed shares.	
(if not	upplicable, indicate !	yA)	A CONTAINED IN L	ne antenument t	istii.	
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The date of each amendment(s) adoption: HUQUST Cl, 2015 date this document was signed.	, if other than the
Effective date if applicable: Plaust 01, 2015 (no more than 90 days after unendment file date)	
(no more than 90 days after umendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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 138-06-2015	
Signature Assumed Rocky	
(By a director, president or other officer—of directors or officers have not been selected by an invorporator—if in the hands of a receiver, trustee as other court	
selected, by in incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
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