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SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	ATION: CREW COL	INECTION OF	NORTH AMERICA
DOCUMENT NUMB	ER: P090000	6278	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	VIOLETA	WALKER	
-	V;OLETA	Name of Contact Person	n
9	CREW CONNEC	Firm/ Company	ORTH AMERICA
	123 E MERA	SITT AVE.	
-		Address	
<u>.</u>	MERRITT ISLA	ND. FL 32	2953
		City/ State and Zip Code	e
S	ALES QUENTO	COM	
<u> </u>	ALES @CREWTC E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
VIOLETA	WALKER	at (32	269-0426
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
	the following amount made		
-	-		—
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status
	Continuate of Status	(Additional copy is	Certified Copy
		enclosed)	(Additional Copy
			is enclosed)
Mailing Address			Address
Amendment Section		Amendment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

Articles of Incorporation of /

(Name of Corporation as cus			rica, Inc	<u>.</u>
109000		, , , , , , , , , , , , , , , , , , ,		
	umber of Corporation (if I	(nown)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corpora	ution adopts the followi	ng amendment(s) to
A. If amending name, enter the new name	of the corporation:	N/A		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association B. Enter new principal office address, if a (Principal office address)	n "Corp," "Inc," or "C ," or the abbreviation "P oplicable:	o". A professional o	incorporated" or the a corporation name must	abbreviation
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF I</u>	<u>le:</u> FICE BOX)	N/A		- -
D. If amending the registered agent and/o new registered agent and/or the new re	r registered office addre gistered office address:	ss in Florida, enter t	he name of the	Carriery Tombound processes
Name of New Registered Agent	N/A		30 A	
New Registered Office Address:	(Florida stree	•	RA H	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	(City) ging Registered Agent: d agent. I am familiar wi	th and accept the obl	(Zip Code) igations of the position	
	ture of New Registered Ag			

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 De	o <u>e</u>			
X Remove	<u>v</u>	Mike Jo	ones .			
X Add	<u>sv</u>	Sally Si	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	PalmA5
1) Change	ρ	_	JAMES	WHELAN	3120 LAS	PALMAS DR
Add					3120 LAS TITUSVILL	FL 32780
Remove						
2) Change		<u> </u>				
Add						
Remove						
3) Change		_				
Add						
Remove			·			
4) Change		_		 		
Add						
Remove						
5) Change		_				
Add						
Remove						•
6) Change		_				· *
Add						
Remove						

	(Be specific)
	N/A
•	
<u> </u>	
	<u></u>
 	
an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares,
an amendment provides for an exchapositions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable: MAY 26,2014 (no more than 90 days after amendment file date)	_
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.	
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)	
VIOLETA WALKER (Typed or printed name of person signing)	
D'i RECTOR	
(Title of person signing)	_