# PIDDODODIUS

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Amend 8/10

#### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CBPM, Construction Remodeling & Project Maragin
DOCUMENT NUMBER: P1000000 4768
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jenifer Dansberger
CRPM, Construction Remodeling & Project Managing In
5703 Red Bug Laxerd PMB 174
Winter Spins For 32708 City+State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Jenifes Dansberger at (407) 253-4455  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Status S
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

#### **Articles of Amendment**

to

## Articles of Incorporation of

CRIM, Construction Remodeling & Royert Managing, Inc., (Name of Corporation as currently filed with the Florida Dept. of State)
PIDODOOD 47108
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N A
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 MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  NATIONAL ATTACHMENT OF THE 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:  NA  Page 19
New Registered Office Address: (Florida street address)
, Florida
(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.

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) **Type of Action Title Name** Address Robert Lieflander Add Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s)  Effective date if applicable:	adoption:(date of adoption	7	ı
Adoption of Amendment(s)	(CHECK ONE)		1
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The sufficient for approval.	ne number of votes c	east for the amendment(s)
	approved by the shareholders the or each voting group entitled to		
"The number of votes cas	st for the amendment(s) was/we	re sufficient for appr	roval
by	oling group)	**	
action was not required.	adopted by the board of director adopted by the incorporators wi		
Dated	7/1/10		
selecte	Afrector, president or other officed, by an incorporator – if in the ted fiduciary by that fiduciary)		
-	Thomas E (	bensberge me of person significant	<b>3</b> (3)
-	(Title of person signing)		<del></del> .