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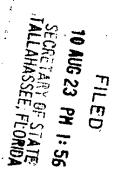
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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Community Capital gruple	γ
DOCUMENT NUMBER: 10000027396	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kemberly Storfer Name of Contact Person Community Capital Group and	
Film/ Company	_
967. A Sebastian Blvd.	
Sebastian Fla. 32958	
City/ State and Zip Code City/ State and Zip Code E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: 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 \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate of Status \$\bigcup \\$43.75 Filing Fee \& \choose \Certificate \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	
Tallahassee FI 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation		
Community Capital group Inc.		
(Name of Corporation as churently filed with the Florida Dept of State)		
(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:		
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) The second of the second		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the control		
new registered agent and/or the new registered office address:		
Name of New Registered Agent: Kimberly Storfer Ala 7-0 Sabortion Point		
New Registered Office Address: (Florida street 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.		
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) **Title** Name <u>Address</u> Type of Action ☐ 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) adoption: O (date of adoption is required)	
Effective date if applicable: (no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of 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/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	8-18-14010	
Signature	Kly Sir	
	a director, president of other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ointed fiduciary by that fiduciary)	
	Kemberly Storfer	
	(Typed or printed name of person signing)	
	(r)	