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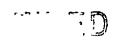
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COLIN INVESTM	IENTS CORP	
DOCUMENT NUMI	BER:P10000045615		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JUDITH DAL FARRA		
		Name of Contact Person	
	JUDITH DAL FARRA C	PA	
		Firm/ Company	•
	1465 NW 97TH AVE		
		Address	
	DORAL, FL 33172		
		City/ State and Zip Code	2
	jdalfarra@dalfarra.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	305	、591-8787
Name	of Contact Person	at (Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		•
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of



COLIN INVESTMENTS CORP

2019 DEC 23 PM 1: 13

(Name of Corporation as currently filed with the Florida Dept. of State)

P100000456	15			
(Docum	ent Number of (Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this FI	orida Profit Corpor	ation adopts the follow	ving amendment(
A. If amending name, enter the new name of the co	rporation:			
				The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A			ation "Corp.,"
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)			
C. Enter new mailing address, if applicable:	V)			
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)	-		
				
D. If amending the registered agent and/or register	ed office addre	ss in Florida enter	the name of the	
new registered agent and/or the new registered of		ss in riolida, circi	the name of the	
Name of New Registered Agent				
				_
	(Florida stree	t address)		
New_Registered Office Address:			, Florida	
New Negistered Office Address.	(0	lip)		ip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.		th and accent the obl	ligations of the nositio	41
reces, accept the appointment as registered agent.	am jammar wii	п ини иссері іне от	ganons of the position	rs.
C !	. CH D		•	

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:	е, ини жи	iy Smiin, 65° us un Ada.				
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)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	P	STEFANO COSTANTINI	1465 NW 97TH AVE			
Add			DORAL, FL 33172			
X Remove						
2) Change	VP	LINS O COSTANTINI	1465 NW 97TH AVE			
Add			DORAL, FL 33172			
X Remove 3) Change	P	ANGELO COSTANTINI	8432 NW 51ST TER			
X			DORAL, FL 33166			
Remove						
4) Change	S. VP	CHRISTIAN COSTANTINI	1300 PONCE DE LEON BLVD			
X Add			APT 600			
Remove			CORAL GABLES, FL 33134			
5) Change						
Add						
Remove						
6) Change	 _					
Add						
Remove						
		Page 2 of 4				

Ε.	If amendi	ng or	adding	additional	Articles.	enter	change(s)	here:

(Attach additional sheets, if necessary). (Be specific)

•		
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	•	
		
		
	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:	
		
		•
		<u> </u>
		·
	Page 3 of 4	
	LAZE J UL 4	
	B	
The date of each amendment(s) adoption:		if other then t
The date of each amendment(s) adoption: date this document was signed.		, if other than th
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:		, if other than th

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

€ & & 4

Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/wen		The number of votes cast for the amendment(s)
		through voting groups. The following statement is to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was	/were sufficient for approval
by		_ "
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of direc	tors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators	without shareholder action and shareholder
Dated	2/12/20	<u>)19</u>
Signature	Hold for	4
JBy,	a desector, president or other o	officer – if directors or officers have not been n the hands of a receiver, trustee, or other court
	ointed fiduciary by that fiduci	
	ANGELO COSTANTIN	
	(Typed or prin	ted name of person signing)
	PRESIDENT	
	(Title of person signing)	