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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: Carport Empire Holding, Inc					
DOCUMENT NUMBER: PN 00059973					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Elizabeth Ogles					
Name of Contact Person					
Carport Empire Holdingp, Inc					
Firm/ Company					
620 Howard SH W					
Address					
Live Oak F1 32064					
City/ State and Zip Code					
lizaca Heensbuildings.com					
112aba reensbuildings.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Elizabeth Oales at 386, 344-1548					
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:					
Zanotosepas a cristos for the following amount made payment to the rection proparation or bands					
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$52.50 Filing Fee					
Certificate of Status Certified Copy Certificate of Status					
(Additional copy is Certified Copy enclosed) (Additional Copy					
is enclosed)					
Mailing Address Street Address Amendment Section Amendment Section					
Division of Corporations Division of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation



of	18 APR 11 PH 3: 26
Carport Empire Holdin	office with the Florida Dept. of State)
_	med with the Florida Dept. or State)
P11000059973	Corporation (if known)
· ·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	Lake City, FI. 32025
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Lake City, FI. 32025
·	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	·
·	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
Hew Registered Agent's Signature, it changing Registered Agent.  I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Re	egistered 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	PT	John Do	ōē .	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	I	_	Donald Ellis Little Je	PO Box 2254
_ <b>X</b> _Add				have City F1 32056
Remove				
2) Change		_		
Add				
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<b></b> -		
Add				
Remove				
6) Change	<del></del>	_		
Add				
Remove				

The state of the s	icles, enter change(s) here: (Be specific)
<del> </del>	
<del></del>	
<u> </u>	
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an excharovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number o by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficien	t for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sh action was not required.	areholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder
Dated April 94h 2018	
Signature A	
(By a director, president or other officer - if director,	
selected, byjan incorporator - if in the hands of	a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
1 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 1/000
(Those or printed name of pe	n Keen
(1 year of printed name of pe	rson signing)
Preside	nt
(Title of person s	igning)