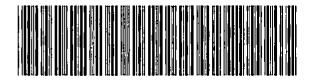
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $C + R$	COMPANIES INC.
DOCUMENT NUMBER: 000	061637
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
CRAIG D	Name of Contact Person
	Firm/ Company
16105 DA	RN2U RD Address
LUTZ, FO	33549
	City/ State and Zip Code
CRREMODELD	VG TRAPABAY @ GMATE (COM e used for future annual report notification)
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	lease call:
CRATO D'AMICO	at (<u>813</u>) <u>220 – 4075</u> Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee & S43.75 Filing Fee & Certificate of Status	•
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

C&R COMPANIES INC.

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

P11000061637

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s its Articles of Incorporation:

A. If amending name, enter the new name of the corpora	ition:	
N/A		The nev
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c," or "Co". A professional	"incorporated" or the abbreviatio corporation name must contain th
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>~/A</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX)</u>	/A	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent Name of New Registered Agent		
		
(f·	lorida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		oligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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; \hat{V} = Vice President; \hat{T} = Treasurer; \hat{S} = Secretary; \hat{D} = Director; TR = Trustee; \hat{C} = Chairman or Clerk; $\hat{C}EO$ = \hat{C} = Executive Officer; $\hat{C}FO$ = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Char Mike Jones. V as Remove, and Sally Smith. SV as an Add.

Mike Jones, v as Keme	ove, ana sauy smi	un, 8v as an Aaa.	
Example: X Change	<u>PT</u> <u>John</u>	n <u>Doc</u>	
\underline{X} Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V S</u>	ROMAD D'AMERO	16105 DARNELL RD LUTZ, FL 33549
Add Remove			LUTZ, FL 33549
2) Change	<u>v S</u>	CRITC D'AMIOS	16105 DARNELL RD
X_Add			Lurz, FC 33549
Remove 3) Change			
Add			
Remove			
4) Change		-	_
Add Remove			
5/ Change			
Add			
Remove			
6) Change			
Add Remove			

N/A		· <u></u>			
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amendment provides for	an exchange, recla	assification, or ca	ncellation of issue	d shares.	
visions for implementing (if not applicable, indicate	the amendment if (≥ N/A)	not contained in t	<u>he amendment its</u>	<u>elf:</u>	
1/14					
10 / 11	_	_	<u> </u>		
		-			
		<u>-</u>	-		
				- <u>-</u>	

The date of each amendment(s) adoption:	, if other than
Effective date if applicable: 9-10-19 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated9-10-19	
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 courappointed fiduciary by that fiduciary)	
Cruza D'AMECO	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	