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COVER LETTER

¹ TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CEDX CORP			
DOCUMENT NUME	BER: P11000074180			
The enclosed Articles	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corres	pondence concerning this ma	tter to the follo	wing:	
	CAROLYN KAHL			
		Name of Co	ontact Persor	1
	ROCA GONZALEZ, P.A.			
		Firm/ C	Сотрапу	
	3370 MARY STREET			
		Ade	dress	
	MIAMI, FL 33133			
		City/ State a	and Zip Code	e
CKA	HL@RGPA.COM			
	E-mail address: (to be us	sed for future a	nnual report	notification)
Englischer information	a anno mina this motton — those	an polle		
roi iuttilei iiioimattoi	concerning this matter, pleas	se can.		
CAROLYN KAHL	at (305	8596050	
Name o	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the l	Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified ((Additional enclosed)	Copy I copy is	□\$52.50 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 Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

CEDX CORP	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P11000074180	
(Document S	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	图 19
C. Enter new mailing address, if applicable:	Sec. 5 in
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	24
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
Name of New Registerea Agent	
	Florida street address)
,	
New Registered Office Address:	, Florida (City)
	(m) sand
New Registered Agent's Signature, if changing Registered	ed Agent;
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Sionature	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: 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)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	CAROZZI, NARA G.	3370 MARY STREET	
X Add			MIAMI, FL 33133	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
			· ————————————————————————————————————	
6) Change		-		
Add				
Remove				

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
- 	
·	
	
f an amendment provides for an eye'	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo	rendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ado	ption:, if other than the
date this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 50 days after american file acres)
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
	r the amendment(s) was/were sufficient for approval
by	n
•/	(voting group)
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder
January 3rd, Dated	2019
Signature	Men
(By a dire	ector, president or other officer - if directors or officers have not been
	by an incorporator—if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
••	
C	CAROŻZI, DANIELA S.
-	(Typed or printed name of person signing)
F	RESIDENT
-	(Title of person signing)