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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Collien Restoration Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Cornact Person
Firm/Company Po. But. 782
Address Ap / Es F L 34106 City/ State and Zip Code
Collien RESTORATION CGMAL. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DENNIS CONEY at 239, 248-3591
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

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 FILED Articles of Incorporation
Articles of Incorporation of Articles of Incorporation OF STATE
- July JUL -8 Mil
Collier RESTORATION LACE VOESTATE
(Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently 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(sits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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 <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) (Mailing address MAY BE A POST OFFICE BOX)
O = O
4.0.132 782
1/1-1/2000
LAPLES FL 34106
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Vanua of Nava Pagintawad Apput
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida, Florida
(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)

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.

Mike Jones, V as Remove	e, and Sa	ly Smith, SV as an Add.		
Example: X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
\underline{X} Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	,	Address
1) Change		JUSTIN S	Smith	8625 SASSIE BROOK Apt. 1207 Maples, FL 34104
Add				ApT. 1207
Remove	/	DE HOURS	,	Maples, FL 34104
2) Change				
Add				
Remove				
3) Change				
Add				-
Remove				
4) Change				
Add		•		
Remove				
5) Change			<u> </u>	
Add				
Remove				
6) Change	<u></u>			
Add				
Remove				

II amending or ad Attach <i>additional s</i>	ding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
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f an amendment i	provides for an exchange, reclassification, or cancellation of issued shares,
provisions for im	plementing the amendment if not contained in the amendment itself:
(if not applica	able, indicate N/A)
	
	
 	
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The date of each amendment(s) add	option:
Effective date <u>if applicable</u> :	7/3/13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)
action was not required. The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder
Dated	7/1/13
Signature	All. Cale
(By a dir selected	rector, 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 ed fiduciary by that fiduciary)
_	DENNIS CONTEX
	(Typed or printed name of person signing)
-	(Title of person signing)