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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Do	cument Number)	
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Collier Red DOCUMENT NUMBER: P130000236						
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Dennis Conley						
Collier Restora	Name of Contact Person					
5775 Sea Gras	Firm/ Company 5775 Sea Grass Lane					
Naples, Florida						
City/ State and Zip Code CollierRestoration@gmail.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, pleas	se call:					
Dennis Conley	239248-2591					
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	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

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Coller Restoration Inc.	SECRETANY OF U
(Name of Corporation as currently filed with the Florida Dept. of	(State)ALLAHASSEE, FLO
P1300002379	

ment(s) to

(Document Numbe	er of Corporation (if know	m)	
tursuant to the provisions of section 607.1006, Flors Articles of Incorporation:	orida Statutes, this <i>Florid</i>	a Profit Corporation :	adopts the following amen
a. If amending name, enter the new name of th	e corporation:		
			The
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Coord "chartered," "professional association," or	Corp," "Inc," or "Co".	ompany," or "incorp A professional corpo	orated" or the abbrevia ration name must contain
s. Enter new principal office address, if applications of the principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
-			
. If amending the registered agent and/or regi		Florida, enter the na	me of the
new registered agent and/or the new registe	red office address:		
Name of New Registered Agent			_
	(Florida street add	ress)	_
New Registered Office Address:		, Florida	n
	(City)		(Zip Code)
lew Registered Agent's Signature, if changing hereby accept the appointment as registered agent	Registered Agent: nt. I am familiar with an	d accept the obligation	ns of the position.
			-

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	V	Nikola Dobrosavljevi	ch 3448 Jeannin
Add			North Port, Florida
Remove			34288
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional a (Attach additional sheets, if necessar	Articles, enter change(s) here: rv). (Be specific)
No change	
	<u></u>
-,	
<u>, </u>	
F. If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A	amendment if not contained in the amendment itself:
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 3/26/2014 (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/27/2014	
Signature Dennis Conley President; Collier Restoration Inc.	
(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 court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	_
(Title of person signing)	_