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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CITI5, CORP.				
DOCUMENT NUMI	BER: P13000041769				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	pondence concerning this ma	tter to the following:			
	CAROLYN KAHL				
		Name of Contact Person	1		
	ROCA GONZALEZ, P.A.				
	·	Firm/ Company			
	3370 MARY STREET				
		Address			
	MIAMI, FL 33133				
		City/ State and Zip Cod	e		
СКА	HL@RGPA.COM				
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
CAROLYN KAHL		305	8596050		
Name	of Contact Person	Contact Person at (305) 8596050 Area Code & Daytime Telephone Nur			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Div P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Intent Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CITIS, CORP.	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P13000041769	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevial	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETALLA HAY
D. If umending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the conditions of the dress:
Name of New Registered Agent	
(Flor	ida 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 fan	Agent: Agent: offiar 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 Doc 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	<u> John Doc</u>			
X Remove	<u>Y</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) X Change	PS	CAROZZI, DANIELA S	3370 MARY STREET		
Add			MIAMI, FL 33133		
Remove					
2) X Change	VPT	CAROZZI, RICARDO D :	73370 MARY STREET		
Add		_	MIAMI, FL 33133		
Remove 3) Change	VP	CAROZZI, RICARDO E	1040 EAST 3RD STREET		
Add			HIALEAH, FL 33010		
X Remove					
4) Change					
Add Remove					
Kemove		•			
5) Change					
Add					
Remove					
6) Change					
Add					
Pemove					

ach additional sheets, if nec	issary). (Be specifi	ic)			
		<u> </u>		 -	
					_
					
 			- 	<u> </u>	
					
					
				<u> </u>	·
					 ;
					•
			<u> </u>		
an amendment provides fo	e un avehange reel:	ssification, or c	ncellation of is	sued shares,	
rovisions for implementing	the amendment if t	not contained in	the amendmen	t itself:	
(if not applicable, indica	e N/A)				
					
			<u>.</u>		
		•			
			·		
					

The date of each amendment(s) ado	ption:, if c	other than the
date this document was signed.		
Effective date <u>if applicable</u> :	Control Control	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be artment of State's records.	a listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
bv	<u> </u>	
Oy	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder	
September Dated	21st, 2018	
(By p di	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	CAROZZI, DANIELA S	
	(Typed or printed name of person signing)	
	PRESIDENT	_ _
	(Title of person signing)	