P1300058003

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CLT ENTERPRIS	SES INC.				
DOCUMENT NUM	P 13000058663					
The enclosed Articles	of Amendment and fee are su	abmitted for filing.				
Please return all corre	espondence concerning this ma	atter to the following:				
	CARMEN VIDAL					
		Name of Contact Person	1			
	CLT ENTERPRISES INC					
		Firm/Company				
	Firm/ Company					
	13255 SW 9TH CT STE. G115					
Address						
	PEMBROKE PINES, FL 33027					
		City/ State and Zip Cod	e			
mcai	mpossr@aol.com					
		sed for future annual report	notification)			
		•				
For further information	on concerning this matter, pleas	se call:				
MARIO CAMPOS		at (292-8778			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or 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)			
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



CLT ENTERPRISES INC.

CLIENTE	ERPRISES INC.
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P 13000058663	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o, "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	nvi
(Muning university MAT BE A POST OFFICE BO	
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Enty) (Enty)
New Registered Agent's Signature, if changing Res	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sian	nature 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 Do			
X Remove	<u>v</u>	Mike Jones			
X_ Add	_ <u>sv</u>	Sally Smith			
		<u>Saul Su</u>		A delegan	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	D		CARLOS J. VIDAL	13255 SW 9TH CT. STE.G115	
X Add				PEMBROKE PINES, FL 33027	
Remove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		_			
Remove					
6) Change		_			
Add					
Pamova					

	ng additional Articl ets, if necessary).	(Be specific)	····		
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			±		
f an amend-rest no.	wide for an arche	lassi6-st	ia- au aanaallasi	on of issued observe	
f an amendment propriet from the provisions for imple	ementing the amend	inge, reclassification	ained in the amer	ndment itself:	
(if not applicabl	e, indicate N/A)				
					

,	ther than the
date this document was signed.	
MAY 1ST, 2015 Effective date if applicable:	
(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 date will not be document's effective date on the Department of State's records.	listed as the
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.	
05/20/2015	
Signature * Jany Vigal	
(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)	
CARMEN VIDAL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	