(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000270512180

03/13/15--01022--001 **\$2.50



COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Cridlock DOCUMENT NUMBER: P130	Garages Co 2000 78816
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
1210 Hamitto Orange City	ame of Contact Person CK Garages CO Firm/ Company A De Address FL 32776 ty/ State and Zip Code Truly State and Zip Code Truly State and Zip Code Truly State and Zip Code
Certificate of Status (A	at (352) 818-9474 Area Code & Daytime Telephone Number Ale to the Florida Department of State: 343.75 Filing Fee & Certificate of Status Additional copy is Certified Copy
6	enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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	FILED
Grid Lock Garages CO	
(Name of Corporation as currently filed with the Florida De	ept. of State 115 MAR 23 PM 4: 55
P13000078816	SECRETARY OF STATE
(Document Number of Corporation (if known)	AULAHASSEE, FLORIDA
cursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida P</i> as Articles of Incorporation:	
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "com Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p ord "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	orida, enter the name of the
Name of New Registered Agent	T NA
(Florida street address	
New Registered Office Address:	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and a	ccept the obligations of the position.
Signature of New Registered Agent, if ci	hangina

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 <math>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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Justin Zabel	26109 Pine Valles Dr Sorrento Fl
X Add			
Remove			32776
2) Change			
Add			
Remove			
3)Change			:
Add			· , , , , , , , , , , , , , , , , , , ,
Remove			
4) Change			
Add			
Remove			,
5) Change			
Add			
Remove			
6) Change	-		
Add			<u> </u>
Remove			

	neets, if necessary).	icles, enter change(s (Be specific)			
			<u>,</u>		
					
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				<u> </u>	
•		·			
an amendment nr	ovides for an exch	ange, reclassificatio	n, or cancellation	of issued share	es,
	ementing the ame	ndment if not conta	ined in the ameno	lment itself:	
<u>rovisions for impl</u>					
rovisions for impl	ie, indicate N/A)				
rovisio <u>ns</u> for impl	ie, indicate N/A)				
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rovisio <u>ns</u> for impl	ie, indicale N/A)				
rovisio <u>ns</u> for impl	le, indicale N/A)				

The date of each amendment(s) ado	ption:		, if other than th
date this document was signed.	•	· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable:	3-10-15	•	
	(no more than 90 days after a	mendment file date)	· ·
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of vocient for approval.	otes cast for the amendment(s)	` ` `
	ved by the shareholders through voting grach voting group entitled to vote separate		
"The number of votes cast for	r the amendment(s) was/were sufficient for	or approval	
by	(voting group)	»	
	(voting group)		•
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without share	cholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without sharehold	ler action and shareholder	
Dated3-	10-15		
selected,	ctor, president or other officer – if director by an incorporator – if in the hands of a re- l fiduciary by that fiduciary)		
	Sesse Mitch (Typed or printed name of	e1\	
, .	(Typed or printed name o	of person signing)	1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	. Owner	PSN	-

(Title of person signing)