P13000092047

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FILEU SECPETARY OF STATE DIVISION OF CORPORATIONS

0.2.10-14

COVER LETTER

TO: Amendment Section Division of Corporation			
NAME OF CORPORATION: C3G COIN IGUN CRYS INC DOCUMENT NUMBER: P13600092047			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
Name of Contact Person C3G Coin Locurday S Inc Firm/ Company Address Address City/ State and Zip Code F-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Fabiola (Anacred M	at (305 Area Co	de & 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 & 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)
	ling Address		Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

to Articles of Incorporation

SECRETARY OF STATE OLVISION OF CORPORATIONS	S
UNISION OF PORCOUR	

	of	DIVISION OF CURPORALIS
C3G Coin la	undry's Inc	14 DEC -4 PH 4: 57
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P13000	2092047	
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporate	ion adopts the following amendment(s) t
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of B. Enter new principal office address, if appli	"Corp," "Inc," or "Co". A professional co or the abbreviation "P.A." icable:	corporated" or the abbreviation or poration name must contain the
(Principal office address <u>MUST BE A STREET</u>	<u>r ADDRESS</u>)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CF ROY)	
(Manual Manual M		
		
D. If amending the registered agent and/or re		e name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent	ina Charles	
_81	535 NW 35 AVE 12 (Florida street address)	<u>.</u>
	\(\frac{1}{2} = \frac{1}{2}	721160
New Registered Office Address:	(0):	lorida 319
	(City)	(Zip Code)
New Registered Agent's Signature, if changin	o Registered Agent	
I hereby accept the appointment as registered a	gent. I am fomiliar with and accept the oblig	zations of the position.
		•
	a of New Registered Agout if Janaina	
() signature	e 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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title	Name Gina Charles	Address 8885 NW 35 AVE Rd Miami Kl 3314
2) Change Add Remove	_		
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

tach additional sheets, if necessary).). (Be specific)
an amandment neovides for an eve	change, reclassification, or cancellation of issued shares,
rovisions for implementing the am	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	SECRETARY O	, FSIATE PORMIONINE than the
date this document was signed.	91110.0. ·	
Effective date if applicable:	14 BEC -4 P	ነዘ 4: 5 /
(no more than 90 days after amenda	ment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes caby the shareholders was/were sufficient for approval.	st for the amendment(s)	
The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the		
"The number of votes cast for the amendment(s) was/were sufficient for appr	roval	
by		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	r action and shareholder	
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	ion and shareholder	
Dated 12-2-2014		
Signature		
(By a director, president or other officer – if directors or esclected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)		
Carlo Anacreo	$\bigcap_{i \in \mathcal{N}} \mathcal{N}_{i}$	···
(Typed or printed name of pers		
(Title of person signing	g)	