P14000006118

| (Re | questor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nam | e) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
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Mr.

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| NAME OF CORPORATION: Crystal Clears Home Improvements Inc DOCUMENT NUMBER: P14000006178 | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| Name of Contact Person | | | | | |
| Firm/Company ANCIVILLA 19516 ST. M | | | | | |
| Address Address Address City/ State and Zip Code | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) | | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FI. 323142661 Executive Center CircleTallahassee, FL 32301 | | | | | |

Articles of Amendment

to

Articles of Incorporation

of

| Crystal Claus Home Improvements Inc |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| <u> </u> |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "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) M. Am. 1. 3265 G. |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent Himberhy 2. Cleare |
| 2255 N.W. 195th Sheet (Florida street address) |
| New Registered Office Address: M. Am., Florida 3356 (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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 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> | <u>Name</u> | Address |
| 1) Change | Sec | William Davis | 2255 NW 195th street |
| Add | | | Miami Gardens Fl. 33056 |
| Remove | | | |
| 2) Change | Pres | Edmund Cleare | 2255 NW 195th street |
| Add | | | Miami Gardens FI. 33056 |
| Remove | | | |
| 3) Change | Vp | Edmund Cleare | 2255 NW 195th street |
| ✓ Add | | | Miami Gardens FI .33056 |
| Remove | | | |
| 4) Change | Pres | Kimberly Cleare | 2255 NW 195th street |
| Add | | | Miami Gardens Fl. 33056 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |
| I INCHIOTE | | | |

| E. If amending or adding additional Articles, enter change(s) here: |
|--|
| Attach additional sheets, if necessary). (Be specific) |
| Adding of an Article IX (nine) |
| There Shall be no Amendine, Correction |
| Dissipation, or any altorne of said |
| Articles of Crystal Cleare's Home |
| Improvements Inc. without approval |
| Of Board of Director with the require |
| Of a vote of minutes from quarter |
| Meeting approved by all board members |
| This must be Submitted glong with |
| any Changes or not valid |
| |
| |
| |
| |
| |
| |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4) |
| (y not appreame, mateur 1954) |
| |
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| The date of each amendment(s) adoption: 5/9/2014 | , if other than the |
|--|---------------------|
| Effective date if applicable: (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 east 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 | |
| by | |
| 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. | |
| Dated5/9/14 Signature_Knley Allene | |
| (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) | |
| (Typed or printed name of person signing) | _ |
| Presidens | |
| (Title of person signing) | _ |