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APR 0 8 2014 C. CARROTHERS

,	<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Crystal Cl	are's Home Improvement Inc
DOCUMENT NUMBER: 14 000	006/78
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	natter to the following:
Kimberly Clea	re
Caratal Claar	Name of Contact Person
<u>Crystal Clear</u>	's Home Improvement
2255 NW 195	Firm/Company th street
	Address
Miami Florida	1
	City/ State and Zip Code
cchi14@mail.coi	n .
E-mail address: (to be	used for future annual report notification)
For further information concurning this matter, pl	ase cult:
Kimberly Cleare	at (3057 7252747 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	payable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee 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

SECULIARY OF STATE ON LANGUAGES FLORIDA

FILED

Articles of Amendment to Articles of Incorporation

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Custal Clarin	of clama Tomovarem on 15 Top
Nurse of Corporation or current	the filed with the Florida Dept. of State)
P.140000C	CISS 11 1 2 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2
	S Jone Invaements Inc of GINS of Corporation (if known) FEI # 45-3251662
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	laida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	itte corporation:
	The new
name must be distinguishable and contain the "Corp" "Inc" or Co.,." or the designation 'word "churtered," "professional association." or	vord "corporation." "company," or "incorporated" or the abbreviation "orp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET	
C. Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE)	E BOX)
D. If amending the registered agent and/or re	estered office address in Florida, enter the name of the
new registered agent and/or the new regis	
Name of New Registered Agent Kim	berly P Cleare
22!	55 NW 195th street
	(Florida street address)
New Registered Office Address: Mia	ni Gardens Florida 33056
	(City) (Zip Code)
New Registered Agent's Signature, if changin	Registered Agent:
I hereby accept the appointment as registered up	zent. Jam familiar with and accept the obligations of the position.
Signature	When Registered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice F Executive Officer; CFO = held. President, Treasurer Chauses should be noted	nd/or Ni if nacessa ector title resident; Chief F , Directo in the follows ves the co	rector he ary) by the fu T= Treu inancial (r would b lowing mu prporation	ing a st let, surer Office e PTI unner i, Sali	ided: r of the office title: S= Secretary: D= Director: TR= Tr If an officer/director holds more th Currently John Doe is listed as the F Smith is named the V and S. These s	lirector being removed and title, name, and rustee; C = Chairman or Clerk: CEO Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is thould be noted as John Doe, PT as a Change.
X Change	PT	John Do	•		•
X Remove	Y	Mike Jor	105		
X Add	sv	Sally Sm	ith :		•
Type of Action (Check One)	<u>Title</u>		Nam		Address
1) Change	Р	-	Edi	und Cleare	2255 NW195th street
Add					Miami Florida 33056
Remove					· · · · · · · · · · · · · · · · · · ·
2) Change	 Р		Kim	berly P Cleare	2255 NW 195th street
Add		•			Miami Florida 33056
Remove	,		:		
3) Change			:		
Add			:		
Remove					
			•		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4) L Change					
Add					
Remove			:		· · · · · · · · · · · · · · · · · · ·
5) Change		_			
Add .			;		
Remove	•				
	-		:	·	
6) Change					
Add					
Remove			;		

f amending or adding additional Artic Attach additional sheets, if necessary).	:les. e_ter change(s) here: (Be specific)
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	<u> </u>
f an amoudment provides for an exch provisions for implementing the amer	nange; reclassification, or cancellation of issued shares, admest if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	-
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The date of each amendment(s) adoption: date this document was signed . Effective date if applicable:	1/3/205 1/3/2015 (no more than 90 days after amendment file date)	_, if other than the
Adoption of Amendment(s) (CIIF	CK ONE)	
The amendment(s) was/were adopted by the st by the shareholders was/were sufficient for ap	archolders. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the must he separately provided for each voting s	harcholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes east for the amend	nent(s) was/were sufficient for approval	
by	g group)	
The amendment(s) was/were adopted by the baction was not required.	and of directors without shareholder action and shareholder corporators without shareholder action and shareholder	
	on or other officer if directors or officers have not been urator — if in the hands of a receiver, trustee, or other court that fiduciary)	
Kimberly F	Cleare	
	(Typed or printed name of person signing)	-
Kimberly F		
	(Title of person signing)	