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COVER LETTER

TO: Amendment Section

Division of Corporations

Customer Interiors Inc NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marie Reil Firm/ Company Poral Springs, F133065 reidmarie 9 a) yahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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1	т.	•	

REC Customer	Tot	mors, 7	Enc.			
(Name of Corporatio	n as currently	filed with the Floric	la Dept. of State)		
<u> </u>	0,508					
(Docume	ent Number of C	Corporation (if know	n)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Fi	orida Profit Corpor	ation adopts the t	following ame	ndme	nt(s) to
A. If amending name, enter the new name of the cor	poration:					
				The	new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co	o". A professional	incorporated" o corporation nam	r the abbrev	iation	
B. Enter new principal office address, if applicable:						
(Principal office address MUST BE A STREET ADDI	<u>RESS</u>)				<u></u>	
				- 15 - 15		
				, 13	<u></u>	- 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7 1			3	~5	h
(maing duitess MAT DE ATOST OFFICE BOX	ט			1 3		
			· ···	47. 4-4- - 524	**	
		 		, 💘	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ss in Florida, enter (the name of the			
Name of New Registered Agent	· 		<u></u>			
	(Florida stree	t address)				
New Registered Office Address:			_, Florida_			
	(C	lity)		(Zip Code)		
New Registered Agent's Signature, if changing Regis	stared Agent:					
I hereby accept the appointment as registered agent. I	am familiar wii	th and accept the obl	igations of the po	sition.		
Siena	ture of New Res	istered Agent, if cha	nging			

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 Jol	hn Doe	
X Remove	<u>V Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	\checkmark	Marie Reid	3310 Indian tey Blv. Margate Fl 33063
Add			Margate, F1 33063
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	
-	
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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 shareho action was not required.	ılder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04/49/18	
Signature Au	
(By a director, president or other officer 4 if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt
11. 2.10	
(Typed or printed name of person signing)	
^ 1	
Vice president	
(Title of person signing)	