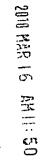
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C. GOLDEN MAR 1 9 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: C & C REMODEI	LING AND HOME IMPRO	OVEMENT CORP.
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CRISTOBAL F. FLORES		
		Name of Contact Person	n
	CF MULTISERVICES COR	.P.	
		Firm/ Company	
	5417 NW 90TH TER	. ,	
		Address	
	SUNRISE, FL 33351		
		City/ State and Zip Cod	e
cristo	balf718@hotmail.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
CRISTOBAL F. FLORES		at (at) 296-4191
Name	Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
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

Articles of Amendment to Articles of Incorporation

of

FILED

	IPROVEMENT CORP.		2010 MAR IC	BH 11. F
(<u>Name</u>	of Corporation as curren	<u>tly filed with the Florida Dep</u>	ot. of State)	*****
P14000035713			$\mathcal{T}_{\mathcal{M}}^{\mathcal{T}_{\mathcal{M}}}$	()
	(Document Number	of Corporation (if known)	3	1 (71.1
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the following ame	endment(s)
A. If amending name, enter the new n	ame of the corporation:			
CF MULTISERVICES CORP.			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design vord "chartered," "professional ussocia	nation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbrev	iation
3. Enter new principal office address,	if applicable:	N/A		
Principal office address <u>MUST BE A S</u>				
				
Enter new mailing address, if appl		N/A	,	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)			<u></u>
). <u>If amending the registered agent ar</u>	nd/or registered office add	iress in Florida, enter the na	me of the	
new registered agent and/or the ne			in or the	
Name of New Registered Agent	N/A			
Traine of frem nerinteled Arrill				
Name of New Registered Agent	N/A			
Name of New Registered Agent		treet address)		
New Registered Office Address:		treet address)	. Florida	

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)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
Keniove			.
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
-	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	78 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	THE REAL PROPERTY OF THE PROPE

mi ta ta ta ta	N/A	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
N/	Δ	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	,⊹.}
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by N/A	,"	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	•
MARCH	4, 2018	
DatedSignature		
(By a selept	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	CRISTOBAL F. FLORES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	