P14000064413

(Re	equestor's Name)		
. (Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bı	isiness Entity Name	e)	
(Do	ocument Number)		
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SIMETAL OF CORPORATIONS

14 OCT 16 PN 3: 23

C Lewis 10-27-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Complet	te Comfort, Inc.
DOCUMENT NUMBER: P14000064	4413
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jason R. Sev	erino
	Name of Contact Person
Complete Cor	mfort, Inc.
M	Firm/ Company
6794 4th Stre	et
	Address
Jupiter, FL 33	458
<u>- oupitor, 1 2 oo</u>	City/ State and Zip Code
	City/ State and Zip Code
jay@mycomplete	ecomfort.com
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	lease call:
Jason Severino	_{at (} 561 529-6262
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	•
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
: ununussee, 1 L 52517	2001 Exceutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



orida Dept. of State)	
nua Dept. of State	
known)	
Clorida Profit Corporation adopts the following ame	ndment(
The	
" "company," or "incorporated" or the abbrevi o". A professional corporation name must contain "A."	new iation in the
_N/A	
P.O. Box 1311	
Jupiter, FL 33468	
ess in Florida, enter the name of the	
t address)	
et address)	
	The ""company," or "incorporated" or the abbrevo". A professional corporation name must contain. N/A P.O. Box 1311 Jupiter, FL 33468

الى	If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and	d
•	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 <math>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:	ve, una surry smi	n, or us un ruu.	
X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	V Mike	e Jones	
X Add	<u>SV</u> <u>Sally</u>	' Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> </u>	James B. Carr	15717 - 113th Trail North
Add Remove			Jupiter, FL 33458
2) Change	PT	Inson RSEVERINO	6794 455. Jupiter FL 33458
Add			JUDITER FL 33458
Remove 3) Change			
Add			
Remove			
4) Change			
Add Add			
Remove			
5) Change			
Add Remove			
			
6) Change			
Add			
Remove			

hange issue	d shares: Jason R.	Severino shar	res = 900		
	Jame	es B. Carr shar	es = 100		
		Total share	es = 1000		
					-
					
					
			· 		_
					
					
· · · · · · · · · · · · · · · · · · ·					
If an amendme	nt provides for an exch	ange, reclassificat	ion, or cancellation	of issued shares,	
provisions for	implementing the amer licable, indicate N/A)	ndment if not cont	ained in the amendr	nent itself:	
Q ·····	,			·	
	N/A				
	13 [13				

The date of each amendment(s) ad	loption: August 13, 2014	IN CU STATE	, if other than the
date this document was signed.		NVISION OF EURPORATIONS	
Effective date if applicable:	N/A	11 OCT 16 PM 3: 23	
	(no more than 90 days aft	er amenament file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number officient for approval.	of votes cast for the amendment(s)	
	roved by the shareholders through votine each voting group entitled to vote sepa		
"The number of votes cast	for the amendment(s) was/were sufficie	nt for approval	
by		,,,	
	(voting group)		
The amendment(s) was/were ado action was not required.	pted by the board of directors without s	chareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without share	holder action and shareholder	
Dated_August	13, 2014		
Signature	irector, president or other officer – if di	rectors or officers have not been	_
	d, by an incorporator – if in the hands o		
	ted fiduciary by that fiduciary)	,	
	Jason R. Severino		
	(Typed or printed na	me of person signing)	
	President, Complete Comfort	, Inc.	
	(Title of pers	son signing)	

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