P1600060693

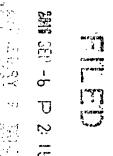
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>⇒#</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: INDERIS CORPO	RATION .			
DOCUMENT NUMBE			,		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
. (CARLOS E. SARDI, ESQ.				
-		Name of Contact Person	n .		
S	ARDI LAW, PLLC				
_		Firm/ Company			
2	225 Alcazar Avenue				
_	Address				
C	Coral Gables, FL 33134				
		City/ State and Zip Cod	e		
info@s	ardilaw.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information of Carlos E. Sardi	concerning this matter, pleas		697-8690		
	Contact Person	at (305	de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made p	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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		ment Section on of Corporations Building executive Center Circle			

Articles of Amendment to Articles of Incorporation of

INDERIS CORPORATION

(Name of Corpor	ration as currently filed with the Florida Dep	t. of State)	
P16000060693			
(Do	cument Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	orida Statutes, this Florida Profit Corporation ac	dopts the fo	ollowing amendment(s) t
A. If amending name, enter the new name of the	e corporation:		
3C INVESTMENT & MANAGEMENT GROUP,	, INC.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	'orp," "Inc," or "Co". A professional corpord		
B. Enter new principal office address, if applical Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		
D. If amending the registered agent and/or reginew registered agent and/or the new register		ne of the	
Name of New Registered Agent	····		
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	nt. I am familiar with and accept the obligation	s of the pos	initials and the second
S	ignature of New Registered Agent, if changing	;	
		Chap	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

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>	<u>Addres</u> s
1) Change	P	GUILLERMO SADIR	225 Alcazar Avenue
X Add			Coral Gables, FL 33134
Remove			
2) Change	VP	CARLOS E. SARDI	225 Alcazar Avenue
X Add			Coral Gables, FL 33134
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
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·	
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself;
	·

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:		
<u>n applicase</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this data. Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(e sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/01/1 Dated	6	
Signature	Honey.	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other coubinted fiduciary by that fiduciary)	
	CARLOS E. SARDI	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	