## P16000072447

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| _                                       |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |





300317585403

08/31/18--01008--008 \*+35.80

2018 AUG 31 PM 2: 14 SECRE MARY OF STATE

C. GOLDEN

SEP - 7 2018

## COVER LETTER

| TO: | Amendment Section        |
|-----|--------------------------|
|     | Division of Corporations |

| NAME OF CORPORATION: C &E Investment & Remodeling. (ORF  |
|--|
| DOCUMENT NUMBER: 7 16 0000 7 2 447   |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Carlos Contrerar Salinas   |
| Name of Contact Person   |
| Name of Contact Person  C PE Investment of Remodeling  Firm/ Company   |
| Firm/ Company  |
| 8680 Bay, medeus Rd Eapt 1021  |
| Address  |
| Jacksonville F1 32756  |
| City/ State and Zip Code   |
| contreras. carlos 0104@ icloud.com   |
| E-mail address: (to be used for future annual report notification)   |
|  |
| For further information concerning this matter, please call:   |
| Carlos Contreias Salinos at 571 355 6004  Name of Contact Person Area Code & Daytime Telephone Number  |
| Name of Contact Person Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |
| S35 Filing Fee Certificate of Status (Additional copy is enclosed)   |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

## Articles of Amendment to

| . Articles of Amendment to Articles of Incorporation of                  | Malles, El  |
|--|---|
| C de Investments & Benodeling . WED                                      | 19/1/2 1/2 A  |
| (Name of Corporation as currently filed with the Florida Dept, of State) | , S. C. C. S. J. J. J. J. J. J. J. S. C. C. S. J. |
| (Document Number of Corporation (if known)                               | < \   |

nt(s) to

| (Document Number   | of Corporation (if known)                                  |
|--|--|
| Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:   | is Florida Profit Corporation adopts the following amendme |
| A. If amending name, enter the new name of the corporation:  |  |
|  | The new  |
| name must be distinguishable and contain the word "corporat<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the     |
| B. Enter new principal office address, if applicable:  | 8680 Baymedows Rd =  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | 8680 Baymedows Rd = cipt 1021. Jacksonville  F1 32256      |
|  | F1 3225b   |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  | 8680 Baymedows led E<br>apt 1021 Jackson-ville<br>Fl 32256 |
| D. If amending the registered agent and/or registered office ad-<br>new registered agent and/or the new registered office addre  | dress in Florida, enter the name of the                    |
| Name of New Registered Agent Carlos E  | Contreras Salinas  |
| (Florida   | street address)  |
| New Registered Office Address: 1680 Baymedas   | 12 E a pr 102   Florida 322 S6 (Zip Code)                  |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia  |  |
| Signature of New   | Registered Agent, if changing                              |

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.

| X Change                      | <u>PT</u>        | John Doe                   |                           |
|-------------------------------|------------------|----------------------------|---------------------------|
| X Remove                      | <u>V</u>         | Mike Jones                 |                           |
| X Add                         | $\underline{SV}$ | Sally Smith                |                           |
| Type of Action<br>(Check One) | <u>Title</u>     | Name                       | <u>Addres</u> s           |
| 1) Z Change                   | PT               | Carlos E Contreras Salinas | 8680 Baymedows Rd         |
| Add                           |                  |                            | E apr 1021 . jacksonville |
| Remove                        |                  |                            | FI 32256                  |
| 2) Change                     | $\checkmark$     | Carlos E Conneras Salinas  | 4083 Sumbean Rd           |
| Add                           |                  |                            | apt 1402 Jack sonville    |
| × Remove                      |                  |                            | F1 32257                  |
| 3 ) Change                    |                  |                            |                           |
| Add                           |                  |                            |                           |
| Remove                        |                  |                            |                           |
| 4) Change                     |                  |                            |                           |
| Add                           |                  |                            |                           |
| Remove                        |                  |                            |                           |
| 5) Change                     |                  |                            |                           |
| Add                           |                  |                            |                           |
| Remove                        |                  |                            |                           |
| 6) Change                     |                  |                            |                           |
| Add                           |                  |                            |                           |
| Remove                        |                  |                            |                           |

| If an amendment provides for an exchange, recla provisions for implementing the amendment if not applicable, indicate N/A) |             |             |                    |               |              |   |
|--|-------------|-------------|--------------------|---------------|--------------|---|
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    | •             |              | • |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| provisions for implementing the amendment if n   |             |             |                    | ·             |              |   |
| provisions for implementing the amendment if n   |             |             |                    |               |              |   |
| (if not applicable, indicate N/A)  | ssification | n, or cane  | <u>cellation o</u> | of issued sha | <u>ires,</u> |   |
|  |             |             |                    |               |              |   |
|  |             |             |                    |               |              |   |
|  |             |             |                    |               |              |   |
|  |             |             |                    |               |              |   |
|  |             | <del></del> |                    |               |              |   |
|  |             |             |                    |               |              |   |
|  |             |             |                    |               |              |   |
|  |             |             |                    |               |              |   |

|  | , if other than the       |
|--|---------------------------|
| date this document was signed.   |                           |
| Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)  |                           |
| (no more than 90 days after amenament fue date)  |                           |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.                                   | will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                           |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):        | t .                       |
| "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 shareholder action was not required.  |                           |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |                           |
| Dated 08/29/18 Signature / www. fund   |                           |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |                           |
| carlos E Conneras Solinas  |                           |
| (Typed or printed name of person signing)  |                           |
| Y  |                           |
| (Title of person signing)  |                           |