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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Crowde	KAND ASSO	ciates, inc
DOCUMENT NUM	1BER: <u>717<i>0</i>00</u> 0	214177	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	houis c	rowde/Z Name of Contact Perso	
		Name of Contact Perso	n
		CTO wder ANO	1 ASSOCIATES INC
		Kimberry Die	
		Address	
	Crau	City/ State and Zip Cod	32327
		City/ State and Zip Cod	e
For further informati	E-mail address: (to be use on concerning this matter, please	•	@ g mAil, COM notification)
Louis	crowder	at (\$50	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	for 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)
Ma	ailing Address	Street	Address
An	nendment Section	Amendment Section	
	vision of Corporations		on of Corporations
	D. Box 6327 Ilahassee, FL 32314		Building xecutive Center Circle
1 u		2001 E	ACCURATE CRITICI CITORS

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

Crowder and As	SOZIMOS FINC
(Name of Corporation as currently f	
	
(Document Number of Co	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Articles</i> of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation,"	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
	л.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	Cital Cital model more prove manger
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	一一一
-	
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: 	s in Florida, enter the name of the
Name of New Registered Agent Louis Crowder	
48 Kimberty (Floridu street)	DR
(Florida street a	address)
New Registered Office Address: Crawford v	
(Cil	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with	n and accept the obligations of the position.
Contract CAL D	in the state of th
Signature of New Kegis	istered 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.

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>	Address
1) Change	_5	CArolyn ThrAshelZ	48 Kimberly DR Crawfordville FIA
Remove	7		32327
2) Change Add	P	Louis Crowder	48 Kimberly Dr Crawforduille FIM
Remove 3) Change			<i>3</i> a3a7
Add			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

	s, if necessary).	les, enter change(s) (Be specific)			
					
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<u> </u>			_	<u> </u>	
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an amendment provocovisions for implen (if not applicable,	ides for an exchange in the same indicate N/A)	ange, reclassification dment if not contain	n, or cancellation of ned in the amendme	issued shares, nt itself:	
					<u> </u>
<u> </u>					
		, w	- <u></u>		

The date of each amendment(s) ad	Joption: 3-20-17	, if other than the
date this document was signed.	rophon:	, ii other than the
t accument was organo.	3-20-17	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme fficient for approval.	ent(s)
	roved by the shareholders through voting groups. The following state 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)	
-	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 3	20-17	
Signature	and the second	
0.5	rector, president or other officer - if directors or officers have not be	-
	d, by an incorporator – if in the hands of a receiver, trustee, or other	
	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	· · ·
	President (Title of person signing)	
	(Title of person signing)	