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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CRYSTAL CLEA	R PALM COAST, INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ROMINA CAMPELLO		
		Name of Contact Perso	n
		Firm/ Company	
	53 FRENEAU LANE	_	
		Address	
	PALM COAST, FL 32137		
		City/ State and Zip Cod	le
CRSY	TALCLEARPOOL@HOTM	IAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ROMINA CAMPELL	0	at (569-9011
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	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		Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

CRVSTAI	\sim 1	TAD	DAI	3.4	COACT	INIC
IRVNIAL		HAK	PAI	1VI	CUASI	TINE.

(Name of Corpora	tion as currently i	iled with the Florida	Dept. of State)	
P17000030507				
(Docu	ment Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Fl</i>	orida Profit Corporati	on adopts the fol	llowing amendment(:
A. If amending name, enter the new name of the o	corporation:			17 M
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	p, " "Inc," or "Co	o". A professional co	corporated" or rporation name	the abtrophitions must confirm the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD				FI SALE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X</u>)			
D. If amending the registered agent and/or registened new registered agent and/or the new registered		s in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			Florida	
	(Ci	(ty)		(Zip Code)
New Registered Agent's Signature, if changing Rest hereby accept the appointment as registered agent.	gistered Agent: I am familiar with	and accept the oblige	ations of the posi	tion.
	 -		·	
Sign	nature of New Regi	istered Agent, if chang	ing	

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 = Cluef 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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s .
1) Change	p	JORGE A BERTOLA	3909 SELIG CT
XAdd			MIDDLEBURG, FL 32068
Remove			
2) X Change	VP	ROMINA CAMPELLO	56 FRENEAU LANE
Add			PALM COAST, FL 32137
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)			
	······································			
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification ndment if not contain	or cancellation of i ed in the amendmer	ssued shares, it itself:	
(if not applicable, indicate N/A)				
				·
	. <u>.</u>			
			 	
				
		· · · · · ·		

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	;)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
	st for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
	dopted by the board of directors without shareholder action and shareholde	er .
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
selec	director, president or other officer – if directors or officers have not been ted by an incorporator – if in the hands of a receiver, trustee, or other cour inted fiduciary by that fiduciary)	t
• •		
	ROMINA CAMPELLO	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	